32

1 10	1	FOR - STATE	DEPA		FICATE OF DEATH	IENE 8 7	1 1	5 0	7 1		
110		REGISTRAR ECEASED NAME FIRST	)/ (FRan	-	IAST	20. DATE OF DEATH	O. MONIH DAI	YEAR	26 HOUR		
	1177	C OR PRINT)	(AYTON TRAIL	7	DADE		5-2	7-87	8:32 p		
	3. SE	Male	Black	5. DATE O		6 AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	HOURS MIN.		
a	70 B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	8 Y2 8		9 BALTIMORE CITY C	YRS.	FDEATH			
25		faryland	USA	MARRIE	DXIX NEVER MARRIED DIVORCED DI	PMNCK	- G	FORG	POS BMI		
26	10 C	OWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT ID SUCH FACILITY VEST	SING HOME O	DROTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR		
200	Osu		OTHER INSTITUTION GIVE RESIDENCE BE								
15			irles Waldon		YESX NO [	Route 5	Box 2	61 2	20601		
401	PL F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	331-11	LA	51		
10 C	The same of	tanley was deceased ever in u.s. A	Dade  ARMED FORCES? [166 SOCIAL SE	CHRITYNIC	Nettie 17 INFORMANT	ADDR	223	Herbe			
2 medica		YES, NO OR UNKNOWN) (IF YES, O	SIVE WAR OR DATES)		Clayton Da	291 de,Jr Wal			Court 0601		
T. Ph		18 CAUSE OF DEATH Enter of	only one couse per line for (a), (b),	and (c)	with metastas		4		IMATE INTERVAL		
even		PART I. DEATH WAS CAUS	lymo ?	1	2 mos						
er fraumatic		Conditions, if any, which gove rise to immediate couse to, stating the	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE				hodes				
r othe		underlying cause lost	(c)	OUEINCE OF							
njury. o	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
ows ony	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYIT YES	NG CAUSES	NGS USED S OF DEATH?		
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)			
rkedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
21 is ma		saw the deceased alive a	pital) attended the deceased from	-0	nd that in (my) (our) apinion of	to War	ote and hour o		that (I) (we) last couses stated		
II. If Hem		22b. SIGNATURE	Jan gene 50		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	220 DATE	SIGNED		
MPORTANT		1220 PHYSICIAN'S NAME (TYPE	CLNS, M. J		8926 Wordya	od Rd # 201	Chur	n, Hd	20735		
=	230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial			er's Cath C	h Waldorf	, Cha	S., N	Md STATE		

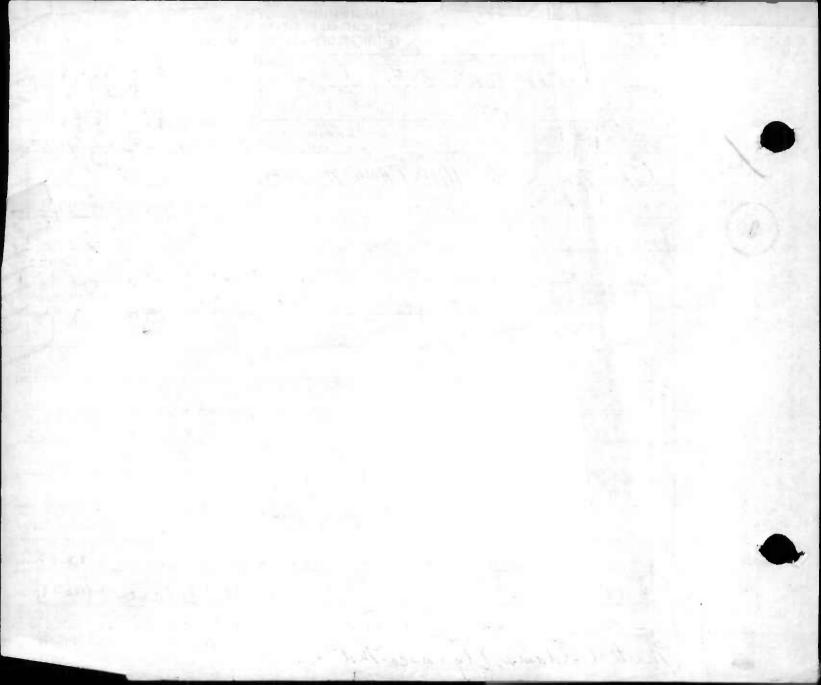
250. DATE REC'D. BY REGISTRAR 20 REGISTRAR SIGNATURE -

STATE OF MARYLAND

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital or attending physician



FOR - STATE REGISTRAR DECEASED NAME

Male To. BIRTHPLACE

Chieta

LINTOL

Maryland 4 FATHER'S NAME

Joseph

(YES, NO DR UNKNOWN)

No

3 SEX

BEK

Bruzzi

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 136, STATE

164 WAS DECEASED EVER IN U.S. ARMED FORCE

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY.

Italy

4. RACE Whi

76 CITIZEN

Pr Georg

MIDDLE

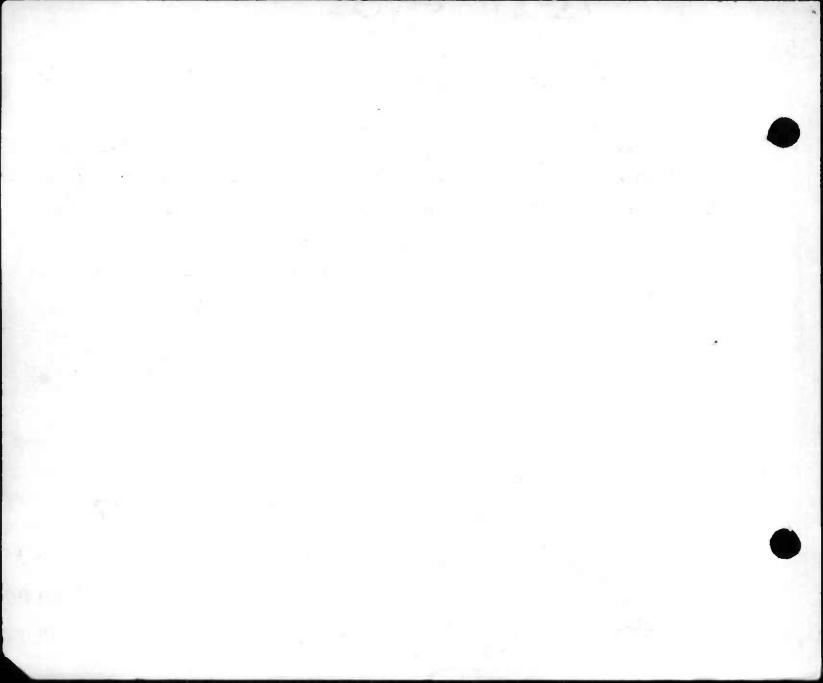
(IF YES, GIVE WAR OR DATE:

IMMEDIATE CAUSE (a)

US 11. NAME IF NOT IN

DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 7	15072
DARCA	NGELO SR	20 DATE OF DEATH MON	187 14pm
te	S. DATE OF BIRTH  NOV 14, 1916	6. AGE TIN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
OF WHAT COUNTRY?	MARRIED NEVER MARRIED  WIDOWED DIVORCED  G HOME OR OTHER INSTITUTION	PRINCE C	FORSES MD.
SUCH FACILITY, GIVE STREET A	HOSP CONTER	(TYPE OF WORK FOR MOST OF WO	
	TI3d. INSIDE CITY LIMITS?  CT H SS NO    IS MOTHER'S MAIDEN NA	ME	ck Street
D'Arcan		na ADDRESS	Marino
579-05-	7778A Marie G D	'ARcangelo	Same as #13
per line for (o), (b), one	क्यावुटका है।	ry Collap	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR AS CONSEQUE	NCE OF SITTER	4:82350	1045
OR AS A CONSEQUE	HCE OF tes Na	11itus Fasi	Lin troops time
CONTRIBUTING TO D	<u>EATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART TIO
NDITION FOR WHICH	OPERATION WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
E OF INJURY  A.M. MONTH DA  P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN I	TEM IS PART I OR PART 2)
CE OF INJURY E. STREET, FACTORY, OFFICE, FA	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the deceased from 19 5	37, and that in (my) (our) opinion	death occurred on the date of	. 19, that (I) (we) last and hour and from the causes stated
Lac	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5 . 22.87
Robb	MD 720. ADDRESS 940	Washing 1	the Me 20744

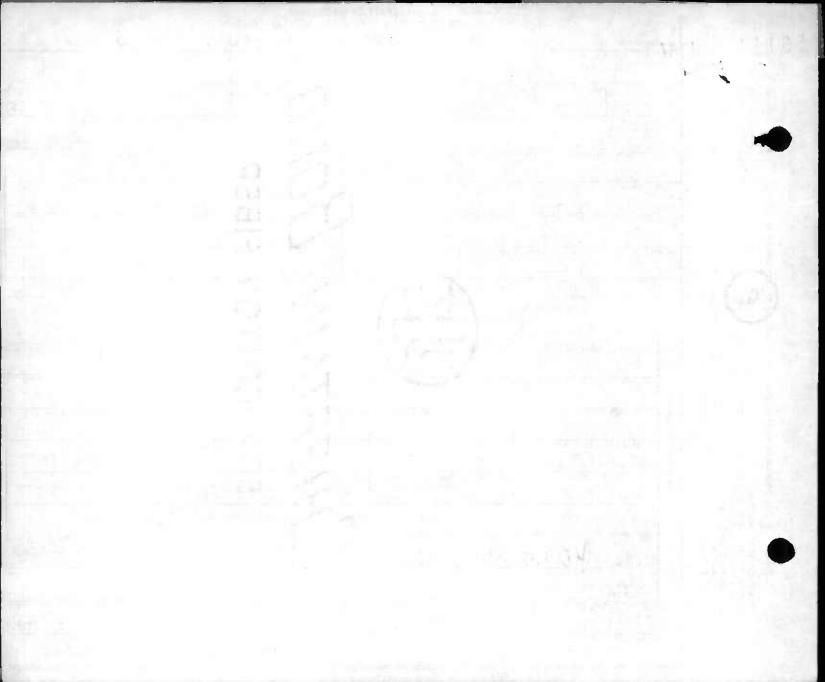
otic event, the **DUE TO** Conditions, if ony, which tb gove rise to immediate couse to), stoting ar ather **DUE TO** underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 196 CO shaws 21a. ACCIDENT WAS UNDERLYING 216. TIM Item 18 HOUR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLA (AT HOM MPORTANT: If Hem 21 is marked NOT WHILE should be detached for use as with the State Dept. of Health 220 I certify that (I) (this hospital) attended FUNERAL DIRECTOR: sow the deceased alive on above (I) (we) (did) (did not) view the bi 226 SIGNATURE HOSPITAL (TYPE OR PRINT) 0 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial CITY OR TOWN COUNTY 26<sub>May</sub>1987 Resurrection Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
NAME ROBERT EWilhelm DHMH - 16 50M 4/83 ADDRESS Suitland, Md Distar. Randacco (VRA 15, 4) Funeral Home



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	200	17	7	
REG. NO.	2	U	1	1

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	REGIS					EXAMIN				400	200	REG. NO	5	0 7	3
10	ECEASE	DNAME	FIRST		MIDDLE			.A5T			20 DATE	NOWN X		DAY YEA	R 2b. H
MARCIE LORRAINE DAVENPORT DEATH MATED 5-5									5-5-8	7 19	1				
3. SE	X	4 RA	ACE S. D.	ATE OF BIRTH	YFAR	6 AGE (IN YEA	RS IF UN	DER 1 YR.		R 24 HRS	2c. DATE		MONTH	DAY YEA	AR 2d F
Fe	ma]	e (		-16-19		18 YR	S. MONTH	DAYS	HOURS	MIN	PRONOUN DE AD	CED	5-5-8	7 19	12:4
BIRTHPLACE (STATE OR 7b				ITIZEN OF WH	IAT COUN	TRY?	8 MARRII	D NE	VER MAR	RIFD 🔽	9. BALTIM	ORE CITY O	R COUNTY	OF DEATH	
	Ma	arylar	nd	US   MARRIED   NEVER MARRIED     Prince						ce Geo	orge's	Count	су		
10.0	ITY OR	TOWN OF D		IF NOT IN SUCH FAC	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)						E OF WORK 12	26 KIND OF	BUSINES		
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13a.	AL RES	DENCE (IF IN	NURSING HOME OR OTHE	R INSTITUTION, GIV	RESIDENCE	OR TOWN		13d. INSIDE (	CITY LIMITS?	13e STR	REET ADDRES	SS	11		
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			Gordon D					Ma	ry C	hris	tine				
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H	no				-		7076	Wm.	G.	Dave	nport	Нуа	ttsv	ille	Md
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5	18	151	IMMEDIATE CA	02E (0)				477							
Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF															
		ying cause la		(-)		-DEGOETTEE C									
	PART	DTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH B	JUT NOT RELA	ITED TO THE TERM!	NAL DISEASE	DR CONDITIO	N GIVEN IN P	ART 1 to					
Z										10					
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E		100		E										YES X	] NO
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MEDICAL			XOR CAUSE OF DEATH	P.M.		19	WHI	CH RO	OLLED	OVEF	RON R	IGHT S	SIDE&C	AUGHT	FIF
뮣		NJÚRY OCCU		21e PLACE O STREET, FACTO	ORY, FARM, E	(AT HOME,	21f. LOC		11 0		CITY OR TOW	7 P-	SOUN	IIV	LA.
	ATW	ORK AT	WORK	hgwy.	•		105	נמ 00	IK. C	edary	7111e .	Ra. Br	randyw	ine, i	Ma.
	2:	a I certify the	at I took charge of t	-			Autaps	X,	Inspection	on [],	Inquiry	, and	d in my opin	iion	
1	dea	th resulted fro	om: Natural cau	ises .	Accident	X, Sui	cide	Homi	cide	Undet	ermined mai	nner .			
		ACTUAL COLLE (THE SPECIFY) ASSISTANT DATI								DATE	5-5-8	7			
1	SIGN	ATURE	Lorden	Anic	JUX		M.	ASS	oista	MED	ICAL EXAM	NER	SIGNED.	3 3 0	/
1		INER'S NAM	.E Marc	arita A	A. Ko	rell.M	.D.	DDDECC	111	Penr	Stre	et			
73a. E	URIAL.	CREMATION	REMOVAL 236. DA			NAME OF CEM					CATION				
1	Bui	ial	5	-8-87		t. Lir			1-10	CITY	adens	shura	Pr.	_	STATE
24. F	UNERA	LDIRECTOR		ADDRESS			***		1.	REC'D. BY	REGISTRAR	25t REGIS	STRAR'S-SIG	NATURE	
H	unt	t Fun	neral Ho	me w	lalde	orf. M		2060	MAY	111	1987	Julia ,	Deviden	Kandas	LA



4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1000	1	FOR		DEPART	MENT OF	BEALTH AND MENTAL HY	GIENE					
4639 WY 2	] U	STATE REGISTRAR			CERTII	ICATE OF DEATH	8 LEG. NO.	150	1 4			
		EASED NAME FIRS	ī	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
poge 3	June		LINE :	S. DA	VIS		05	19 87	1:44AM			
po ter d	3 SEX	FEMALE	4. RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS				
a s		FEMALE	BLA	ACK	SE	T 15 OO	86 y	RS.	HOURS MIN			
3/1	7a BIF	THPLACE (STATE OR FOREIGH	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COL					
0		CAROLINA	U.S.	Α.	WIDOW	DIVORCED [	PRINCE GEORGE	E'S	WD			
	10 CI	Y OR TOWN OF DEATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ING LIFE INDUSTRY	OF BUSINESS OR			
7	C	HEVERLY	PRINCE	GEORGE'S	HOSP	ITAL CENTER	DOMESTIC	1	NONE			
3/	USUA 13a. S	L RESIDENCE (IF NURSING HO				113d INSIDE CITY LIMITS?	NSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE					
CE		M.D. 13b 1	OUNTY.	'CEDAR'H	TS.	YES 🔀 NO	6410 K ST. 20					
XN	I4 FA	THER'S NAME	WIDDLE	LAST	1000	15 MOTHER'S MAIDEN NA	ME	LA!	67			
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medicol		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL SEC		17 INFORMANT	1312 6 Phe STF	REET NW. #	#202			
a a	, ,	ES, NOO UNKNOWN) (IF YI		433-32-	2315 I	ALICE McInto	osh WASH, D.C.					
÷ [		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse pe	r lipe for (o), (b), a	nd Ici.1	0 1		BETWEEN	ONSET AND DEATH			
e ve			DIATE CAUSE (a)	meur	um	ia Septac	- Calmia					
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affec		Conditions, if ony, which gove rise to immediate										
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10 10		10 tyl neer monder y ager,										
2	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0										
	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206 IF YES, WERE FINDINGSUSED										
27	FIC			THE TON THE	TO ENAME	THE TENTONINED	INC	ERTIFYING CAUSES	SOF DEATH?			
sh -	ERT	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME (	OF INJURY		121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE.	YES OR PART 1 OR PART 2)	NO 🗌			
frem 18 shov		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH E	. 1	AD /	A					
or He	MEDICAL	(IF EITHER NOTIFY MEDICALEXA		OF INJURY	1/+19	211 LOCATION	,					
pex	W	WHILE NOT WHILE C	A (AT HOME'S	REET, FACTORY OFFICE,	FARM ETC)	STREET	A CITY OR TOWN	COUNTY	STATE			
E S		22s. I certify that (I) (this I	hospital) attended	he deceased from	6-7/	19	10. 5. 9	1987	that (I) (we) last			
21 15	30	sow the deceased alivabove, (1) (we) (d/d) (d	-	1 6	87.0	nd that in (my) (our) opinion	death occurred on the date and	, .				
#e 3		22b. SIGNATURI	C view the body	oner death.		DEGREE		22c. DATE	SIGNED			
1 E		Alex	li			ATTENDING PHYSICIAN	MEDICAL STAFF	5.19	7-87			
Y Y		22d. PHYSICIAMS NAME				22e ADDRESS			-			
IMPORTANI		R. TULI M.D.				3601 TAYLOR S	ST. BRENTWOOD, M	1D20722				
3	23e B	URIAL, CREMATION, REMO	VAL 236 DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(5	BIRIAL	5-23	-87	HARMON	Y CEMETERY	LANDOVER	P.G.	MD.			
OM 7/84	24 FU	NERAL DIRECTOR	FUNERAL H	OME, INC.	1	256 DA	TE REC'D. BY BE STRABITS OF RE		U ALAU			
5, 4)			HUNT PLAC	the second secon	1	KWVA	V D 1901					

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.

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ina Division Randare

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	3. SEX	(		RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY)	NINS DAYS	IF UNDER 24 HRS
	-	Male		White		Jur		905	81	YRS		HOURS MIN.
		RTHPLACE (STATE OF	FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARI	RIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH	
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7	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUT	TION	17a USUAL OCCUPAT			OF BUSINESS OR
2		iverdale			Memorial		oital		San. Engi	neer	Dept.	. Store
ď		AL RESIDENCE IN NUE	13b COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY L	IMITS?	13e STREET ADDRESS	/ ZIP CODE		
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	no				578-03-8	070	Mr. Rob	ert A	rmentrout	Md.	, 2078	12
ı		18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for (a), (b), on	dic		5	1 2		BETWEEN	MATE INTERVAL ONSET AND DEATH
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		OR CONTRIBUTING		11b. TIME C		AY YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
	CA	LIFETHER NOTIFY MED	DICAL EXAMINER	Р	Μ,	19						
	MEDICAL	21d INJURY OCCUI		11e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC.)	211 LOCATION STREET		CITY OF TO	OWN	COUNTY	STATE
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	30	22a I certify that (		A	e deceased from	3.7	1 - 1	60)	to	5 1		that (I) (we) last
		saw the deceo obove, (1)	und lated not		after dyath	79		opinian a	leath accurred an the d	ate and havi		
		276. SIGNATURE		inthe 4	- hr		DEGREE ATTE	NDING	MEDICAL _ STA	FF	22c DAJE	18/97
_		The state of the s	//				PHY	SICIAN D	DIRECTOR PHYSIC	CIAN 🗌		, , ( )
		220 PHYSICIAN'S N	AME TYPE OF	-	HEN		27e ADDRESS	671		Sina		18
		N		1111	(,		KIVI	Ng		1450	131	
	13	SURIAL, CREMATION	, REMOVAL	236 DATE			EMETERY OR CREA		23d LOCATION		COUNTY	STATE
	B	urial	-150				ncoln Cen	netery	Brentwo	od, P.	G. Ma	aryland
	74 F	RANCISC	GASCH	'S SOI	VS FUNE	RALI	HOME, P.	ASO. DATE	REC'D. BY REGISTRAR	75b. REGISTR	AR'S SIGNAT	URE

4739 Baltimore Ave., Hyattsville, Maryland

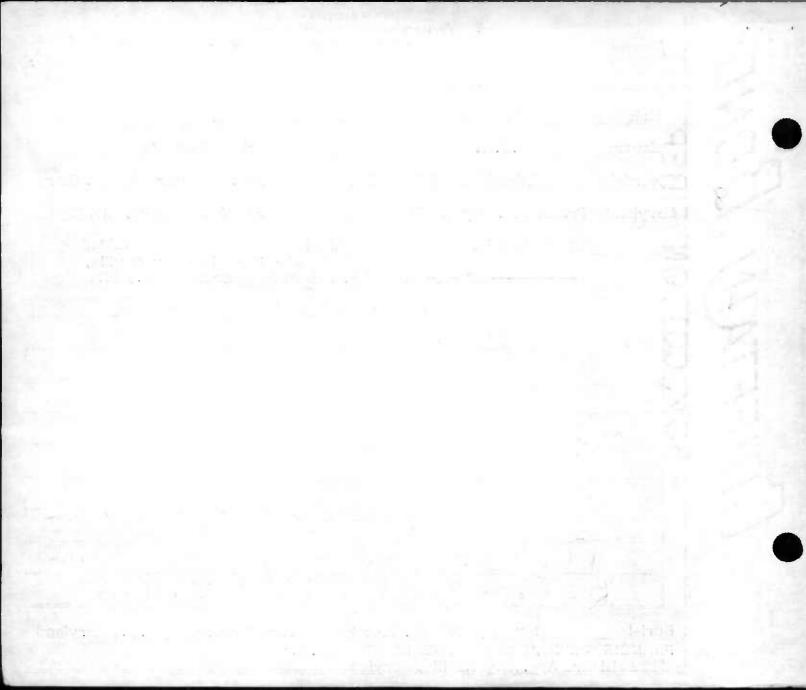
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: I

O FUNERAL DIRECTOR:

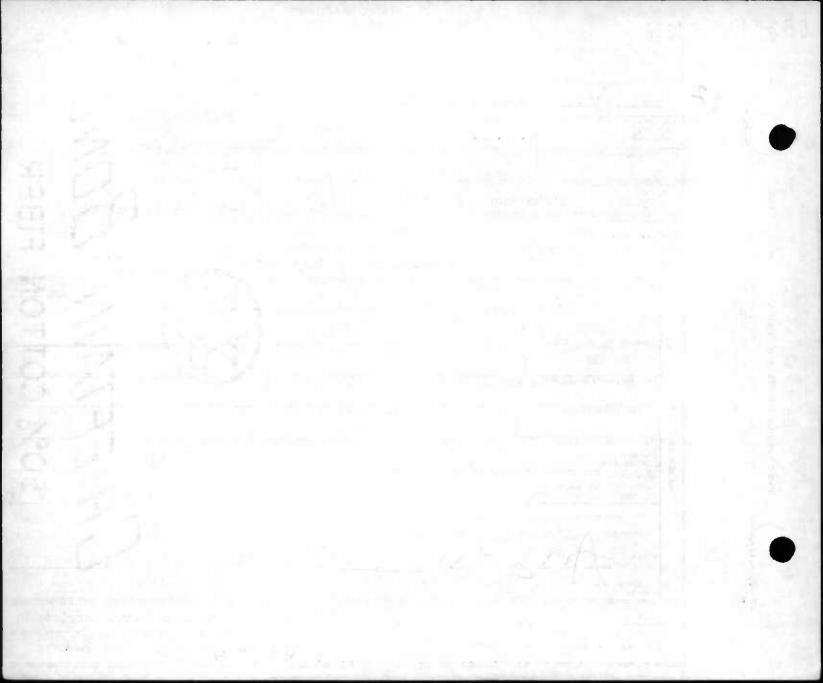
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FOR STATE

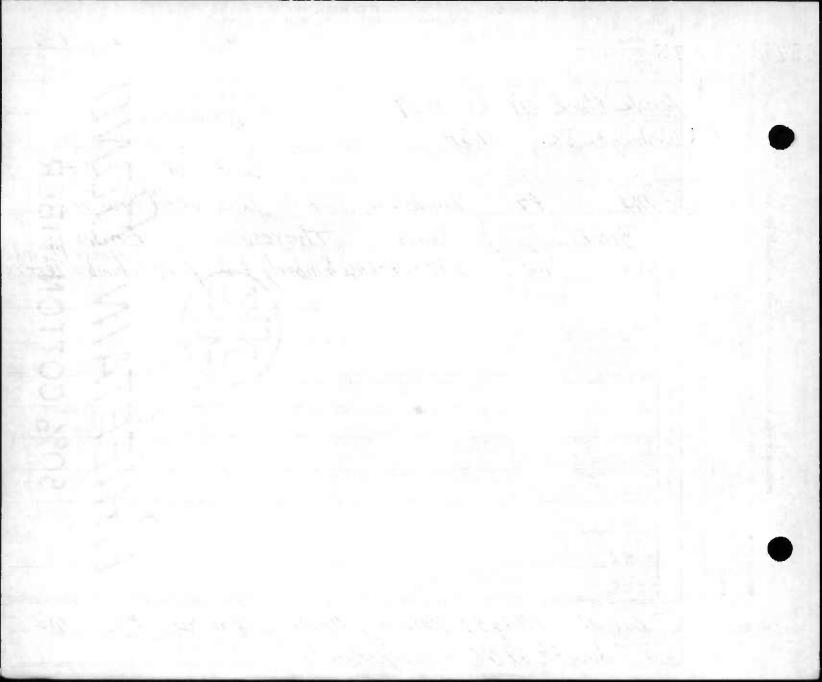


55	3 1 4 MAY		STATE REGISTRAR		MEI	DICALI	EXAMIN	ER'S C	ERTIFICATE	OF DE	тн7	REG. N	10. 5	0	1	6
	<b>高高級</b>		CEASED NAME E OR PRINT)	LAUR	A	MIDDLE E.			AVIS		20. DATE OF DEATH	KNOWN ESTI- MATED		H DAY	19 8 7	₽ HOU
	AND THE PROPERTY OF THE PROPER	3 SEX	emale	White	March 5,		6. AGE (IN YEA	AY) MONTH		ER 24 HRS.	PRONOUN DEAD	NCED	MONTH 5			7:23
0	100	70. BI	RTHPLACE (STA	YE OR	U. S. A.	IAT COUN	TRY?	8. MARRIE	DXXX NEVER MAR			ORE CITY	_			
	PACK IN THE PACK IS NOT THE PA		cheverly	7	II NAME OF HOSI	enity, give st	reet address) e's Get	neral		At	PHT63	PATION (T	YPE OF WOR	K 12b K	OR INDUSTI	JSINESS
. 21201	ANY O AND AND AND AND AND AND AND AND AND AND		TATE aryland		or other institution, Giving George	E RESIDENCE	BEFORE ADMISSIO	ON)	13d. INSIDE CITY LIMITS? YEXXX NO [		PEET ADDRE		, Lan	ie 2	20715	
RE, MD.	DEATH GENTA WAND 2	C	ol. Ben		WIDDLE		īšlin		Blosson		. M	MDDLE		P	Bärre]	1
ALTIMO	ATER DATER IN FORM AGES TO ASSOCIATE AGES TO ASS	No. V	/AS DECEASED ES, NO, OR UNKNOV D	EVER IN U.S. AR	MAR OR DATES)  16b. SOCIAL SECURITY NO. 467-88-2718  17. INFORMANT 11945 Gary Davis, Bowie, Maryla					ixy L cylar	ane					
201 W. PRESTON ST.,	CUTED WITHIN 24 IOUR "IN PENCIL IN ITEM 18 I. EXAMINER ALONG W IRIAL - TRANSIT PENIIT ND MENTAL HYGIENE ITON, OR REMOVAL	7	8/2 (Conditions	IMMEDIA  in immediate stating the under-	TE CAUSE (o)	Mult AS A CON	tiple :	OF						1	APPROXIMATE	
RECORDS,	BE EXECU- ENDING" II WEDICAL E AS A BURI. ALTH AND CREMATIO	NO			CONTRIBUTING TO DEATH I	OUT NOT RELA	TED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN	PART 1 /a						
7	SHOULD VORD "PE E CHIEF A BE USED, NT OF HE BORIAL,	CERTIFICATION	19a. DATE OF				WHICH OPER		S PERFORMED?						AUTOPSY?	? NO [ <b>X</b>
DIVISION OF VIT	RTIFICATION OF THE VOID SHOULD SPARTMEIN OF TO THE VOID SPARTMEIN OF TO THE VOID SPARTMEIN OF TO THE VOID SHORT OF THE V	MEDICAL CE	21d INJURY O	G CAUSE OF I	DEATH 5:50%	MONTH 5-8-	LAT HOME,	7 Dr	iver of a							6
DIV	RWARDEI RWARDEI PAGE 3 STATE DE	WE	WHILE AT WORK		r	road			erprise R			le, F				S, M
	RECTOR RECTOR RECTOR WITH THE		ZZa. I certify death resulted		ge of the remains desc ral couses ,	Accident	CHEST	Autops icide .	Hamicide		Inquiry termined me	anner 🔲	and in my ],	opinion		
	ETHE CE THE CE I SHOUL BEATH OFFE, CORE, C		ACTUAL SIGNATURE_	M	5	N		М	Deputy C					NED	5-8-87	7
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH WITH BALTIMORE,			ON, REMOVAL 2		23c. N		AETERY OF	CREMATORY	123d 10	St.,				21201	ATES
07/84 25M	BP		urial		5/10/1987 HEBREW ME	1			ial Park		ney", 1	R 125h REC	GISTRAR	SSIGNA	TURE	4
	(VR A15 ME (5))				EET, N. W.					Y 13	1987	Julia	· Dani	dorn-l	Randoll	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Pekoe Theresa Davis 5 87 19 IF UNDER 1 YR. 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 24 HOUR 5:55 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD 1987 DM Ts. BIRTHPLACE 76 CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's WIDOWED [ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Dicticidn Prince George's General Hospital Cheverly SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A FATHER'S NAME MUDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? UNKNOWN) PENDING" IN PENCIL IN ITEM 18
IF MEDICAL EXAMINER ALONG WITH
SEC AS A BURIAL - TRANSIT PERMIT
F HEALTH AND MENTAL HYGIENE, DIN
L, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bacterial Endocarditis IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Intravenous Narcotism gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION OSS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PROBE 4 SHOULD BE FORWARDED TO THE CHEFT TO FUNERAL DIRECTOR: PAGE 3 SHOULD HE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTMORE, MARYLAND, 21201 PRIOR TO BURNA. NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK X 228. I certify that I took charge of the remains described alloye, held on Autopsy Inspection and in my opinion death resulted Undetermined manner DATE 5/4/87 Assistant EXAMINER'S NAME Smyth( Dennis F. (TYPE OR PRINT) NAME OF CEMETERY na 07/84 25M 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



TO FUNERAL DIRECTOR. After this certificate has been signed by the after should be detached for use as the burial-transit permit. Then please ramore conwith the State Dept. of Health and Mental Hygiene prior to burial, cremation.

retained by the hospital or attending physician

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

te funeral director, page 3 within 72 hours offer death

### STATE OF MARYLAND

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2	1			5	3.3		
,			8				
		REG. NO.					

Y P		STATE REGISTRAR			DEPART		ICATE OF DEATH	SHAID	7 REG. N	0.	5	3 /	8
' '		CEASED NAME	FIRST		WIDDLE	ı	AST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR
	fire		JASON		C.	DEAT	ON		1	MAY	21	1987	0825a м
	3. SE)			4 RACE	5. DATE O			& AGE	IN YEARS LAST BE	RTHDAY)		ER I YEAR	IF UNDER 24 HRS
	]	Male		White Novem			mber 8 1920 66 YRS. MONTHS D						HOURS MIN.
×	7a. B1	RTHPLACE (STATE C	R FOREIGN		WHAT COUNTRY?	10		-1	AORE CITY			ATH	
		rth Caro	lina	USA	1	WIDOWE	NEVER MARRIED	AF	rince	Ge	orge	c 1	MD
_ / _		TY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	12a USU	AL OCCUPAT	ION	12b	KIND OF	BUSINESS OR
X	A	AFB	37	Malcol	H FACILITY, GIVE STREET	Medi	cal Center	(TYPE OF W	litar	T T	SOL	DUSTRY	hon
5	130 S Ma: 14 FA	AL RESIDENCE (IF NO. ITATE  ryland  THER'S NAME  FIRST	Pr (	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 136. CITY OR TOW Camp Sp	e admission) oring	134. INSIDE CITY LIMITS?  SYES NO   15. MOTHER'S MAIDEN NA	13. STREE	T ADDRESS O MOR	/ ZIP CO	AVe	nue	748
1	(	Garney			Deaton		Hattie				Re	id	
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	ESS	100		
	Ye	ES, NO OR UNKNOWN)		1961	245-16-	-0897	Zelma M I	Deatc	n	Same	e as	#1:	3
		18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line far (a), (b), an	d (c1.)						APPROXIM	NATE INTERVAL NSET AND DEATH
		PART I. DE ATH	IMMEDIAT	E CAUSE (a)_C	ARDIO PU	LMONAF	RY ARREST					TEN	MINUTES
	Canditions, if any, which gave rise to immediate couse (a), stating the  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF								-	TWO	WEEKS		
3	underlying cause lost (c) END STAGE LIVER BISEASE WITH ASCITES									ONE '	YEAR		
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II											
7	CERTIFICATION	190 DATE OF OPER	ATION	. 19b. CONDITION FOR WHICH OPERATIO			ON WAS PERFORMED 200 AUTOPSY?  YES \[ NO \[ ]			IN CER	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
7		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJU	IRY IN ITEM T	8 PARTIOR	PART 2)	
	MEDICAL	21d INJURY OCCU	WHILE	21e PLACE ( (AT HOME STR	OF INJURY FEET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	)WN	co	VINU	STATE
		sow the dece above, (1) we 22h SIGNATURE		21 M1 1) view the bady	after death.	4	d that in (my) Our opinion					om the c	
7		Alannette Esbeth-Paul MD ATTENDING MEDICAL STAFF PHYSICIAN SIDDING OF PHYSICIAN DIRECTOR								R (V	21 n	SGRA	
/		TEANDHER	च जा	COLLINAL DA	VI IT				ASHING				31-5300
	230 B	URIAL, CREMATION		SOUTH-P/ 236. DATE		NAME OF C	EMETERY OR CREMATORY		CATION	,			
	(	Burial		26May1	987 Ar		ton Nationa	al	Arlin				VA STATE
4	24 FL	NAME RObe Fune	rt E ral H	Wilhel	m ADDRESS	land		MAY	Zegistrar 19	255. REG	ISTRAR'S	SIGNATU	IRE. January

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Bright & M.

Charles and the second

Tel Marie per ser insperie cultural.

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FOR STATE

neral director, page 3 in 72 hours after death STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

150/9

	REGISTRAR		CERTIFIC	CAIL OI DEATH	REG. NO.							
	1. DECEASED NAME FIRST	MIDDLE	i/	S1	20 DATE OF DEATH MONT	TH DAY YEA	AR 2b. HOUR					
1	RAMABAI	SADASHIV	DESHP.	ANDE	May 16, 198	7	8:01a M					
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS					
	FEMALE	INDIA	DEC		78	YRS						
	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIET	NEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEATH						
	INDIA	INDIA	WIDOWE	DIVORCED [	Prince George's County							
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTION	12e USUAL OCCUPATION	12b. KIN RKING LIFE) INDUS	ND OF BUSINESS OR					
)	Lanham	AMI Doctors" Hop	os. of	Pr. Geo. Co	HOUSEWIFE	. AT	HOME					
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE						
V		G.C. SEABROOM		YES 💢 NO	- (	NGTON ST	20706					
75	4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN N.	AME		LAST					
à	GANESH	PALKAR		VARANASI	GANESH	PALKA						
7	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS							
	NO	218-11-6	6936	RAMESH GODBO	LE (SAME	AS ITE						
	18 CAUSE OF DEATH (Enter of	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),1										
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) Carcha pulmonary awast											
1	R COLORS	DUE TO, OR AS A CONSEQUE	ENCE OF	- /:								
4	Conditions, if ony, which	(b)	Seis	ure all	scroler							
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		1,							
	underlying couse lost.	(c)	Cart	lear cly	eamythme	9						
		CONDITIONS CONTRIBUTING TO	DEATH BUT	0 100		DO GIVEN IN PAR						
	Deny au	alin, acu	10	7	, , , , ,							
X.	Dehy dr.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		OF YES, WERE FIN CERTIFYING CAU						
4	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		11. HOW BUILDY OCCU	YES NO	YES 🗌	NO 🗍					
	OR CONTRIBUTION TO CALLER OF DE		AY YEAR	ZIE HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	(2)					
	(IF EITHER NOTIFY MEDICAL EXAMINED		19	1000471011								
	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	Y STATE					
	AT WORK AT WORK		577	- 9	7 5-11	23						
	229.1 certify that (I) (this hasp sow the deceased alive on	ital) attended the deceased from_	87 00	d that in (my) (our) apprior	deoth occurred on the date of	19 <b>a</b>	the several total					
	obove, (I) (we) (did) (did no 22b, SIGNATUR-	ot) view the body ofter death		DEGREE	s decin occurred on the dote of		ATE SIGNED					
	I I I I I I I I I I I I I I I I I I I	no Tro		ATTENDING	MEDICAL STAFF		AV 11 1007					
Н	22d PHYSICIAN'S NAME (TYPES	DE COLON		PHYSICIAN  22e ADDRESS	DIRECTOR PHYSICIAN		H1 16,1701					
	RAVINDERK		10	6/3	2 Landover	r Rid						
4		110311111		Cheve	rly, Ma	2010	7					
	230 BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE					
	CREMATION 24 FUNERAL DIRECTOR	5-17-1987 CH	AMBERS		RIVERDALE . ATE REC'D. BY REGISTRAR 256. F	P.G.C						
	W. W. CHAMBERS C	ADDRESS	T 162			ia Dunder	Landalla					
	M. M. CHAMBERS C	o. RIVERDAI	Md eith	. 20/3/ IMA	121 1987	_ 20-						

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR should be detached for us with the State Dept of He MADORTANT, if them 21 is

TO HOSPITAL OF

BP.

Det. 7.0.0. F.U.O. SERVICE TO THE STATE OF T (ECR (PRO LE PRIL) ----- 100. CO LEDAN DE L-12-123 -----I. Y. OHLOTHE CO. I MINUTE, M. CYLT 53803 WY

_	FOR
1 -	STATE
7	REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7 REG. NO.	1	5	U	8	1
		_				_

17	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O. 4	9	
	ECEASED NAME FIRST DE OR PRINT) NELLI	Ann		DeSimone	20 DATE OF DEATH	05-12	2-87	25 HOUR 8 37PM
3 SI	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
F	emale	Caucasian	Mar	ch 3, 1916	71	YRS	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.C	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	DI NEVER MARRIED DIORCED	PRINCE G			M
C	HEVERLY	PRINCE GEORGE	5 PHOSP		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE	E) INDUSTRY	Home
13a. M	STATE 136 COUNTY P.G	VITY 13c. CITY OR TO	NWC	13d INSIDE CITY LIMITS?	3105 Park	ZIP CODE	20785	
Z	harles Edward	Langyher		Annie	E.		Bradley	T (
60	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		17 INFORMANT	Sr. ADDRE			
N	0	216-60	-2415	Morris A.DeS	imone, Spo	use, S		MATE INTERVAL ONSET AND DEATH
NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(b)	DUENCE OF	ONY FAILU		DITION GIV	EN IN PART 10	o
CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDING CAUSES	OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF DEAL OF THE CONTRIBUTION	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 CE, FARM, ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET		RY IN ITEM 18 PA		STATE
	saw the deceased alive an	tal) attended the deceased from	87.0	nd that in the face opinion of DEGREE  ATTENDING	death accurred an the do	,		
230	22d. PHYSICIAN'S NAME (TYPE OF LAWLEN) BURIAL, CREMATION, REMOVAL 1595 CHY)	CE SATUN 23b. DATE 23	MD BL NAME OF C		DIRECTOR PHYSIC	IAN 🗌	GREE	NBULA
	Burial	5-16-1987 F	t. Line	coln Cemetery	Brentwood	PC		vland

24 FUNERAL DIRECTOR

<sup>24 FUNERAL DIRECTOR</sup> Francis Gasch's Sons Funeral Home 4739 Baltimore Ave., Hyattsville, Md. 20781

23 MAN REC'DEN AGESTRAR TO REGISTERE'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

3767 WINDER WEST LAWLEANE SATIN ALD TEST HASTORDAWN SHEARENCH injury, or other troumotic event, the

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, th

FOR STATE REGISTRAR DECEASED NAME FIRST MIDDLE	(TYPE OR PRINT)		
- STATE REGISTRAR		FIRST	WIDDLE
	- STATE REGISTRAR		

Ralph

Randolph

## STATE OF MARYLAND CERTIFICATE OF DEATH

DeVaughn

G	8 7 REG. NO. 1 5 0	8
	20. DATE OF DEATH MONTH DAY YEAR	26 HOUR
	May 6, 1987	9:30 %
	6. AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR	# UNDER 24 HRS
2	85 YRS. MONTHS DAYS	HOURS MIN
1	BALTIMORE CITY OR COUNTY OF DEATH	
í	Prince George's	MD.
	120 USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (County Court House Court	E BUSINESS OR County T HS.
1	13. STREET ADDRESS 7.in 2	20772
	136 STREET ADDRESS Zip 2 15601 St. Thomas Church	Road
A٨	AE .	
2	MIDDLE ROBE	
D		Road,

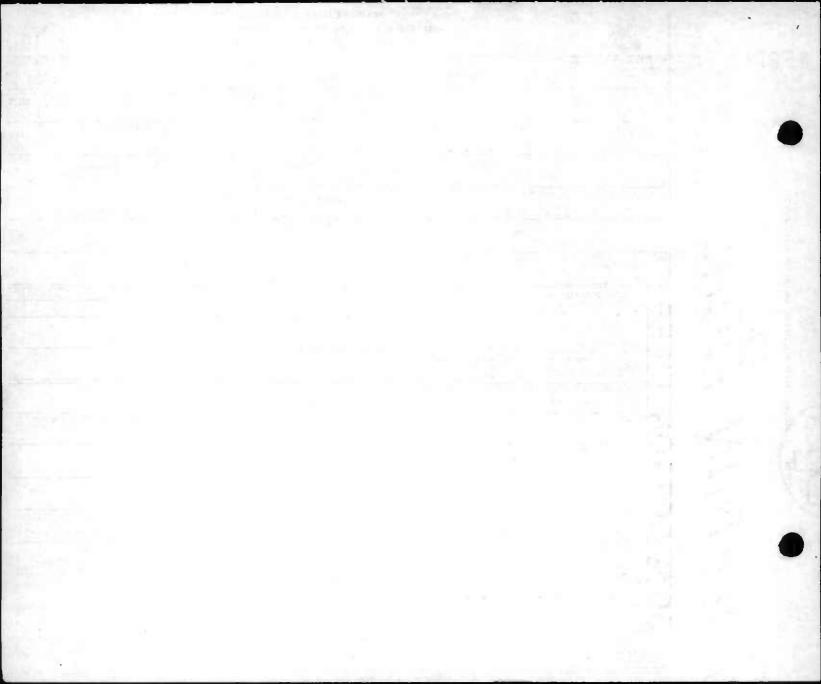
	3. SE)	X	4 RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER	24 HRS
	1	Male	White		Marc	h 27.	1902		85 YRS.	MONTHS DAYS	HOURS	MIN
6	H BI	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?		8	X NEVER		9 BALTIMORE CI	TY OR COUNT	TY OF DEATH	114		
3-		Croom, Maryland	U. S	.A.	WIDOWE		VORCED	Prince	George	's		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING	G HOME O			120 USUAL OCCU	PATION	12h KIND O	E BUSINI	ESS OR
	M	pper arlboro	15601 S	t. Thomas	Chur	ch Roa	d	County Co Engineer	ourt Ho	use Cour	-Ennt	, y
	130 S Ma	AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUNTY Pr.G	TY	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Upper  Manual	٧	13d INSIDE C	но 🛚	13e STREET ADDRES		Zip 2 s Church	20772 1 Ros	ad
0	14. FA	THER'S NAME	NDDLE	LIST LOCK		15. MOTHER	S MAIDEN NAM	ME	M.E.	IAS		
		James		DeVaughn	5 m		Issie	mid:		Robe		
		VAS DECEASED EVER IN U.S. AR		219-05-0		17 INFORMA Margar	INT	15601 St DeVaughn-	Inoma Joper M	a Church	,	ad,
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		A ( ( )	(c).)	NOIAC		EST			MATE INTER	DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF			INAL DISEASE OR (	CONDITION C	IVEN IN PART 1		
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				2 3	173		LNDA	TYEIN HAPAKI IIC		
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES		TH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW IN	IJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18,	, PART 1 OR PART 2]		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	IRM, ETC.]	21f. LOCATION STREET	NON	CHYO	or town	COUNTY	ST	TATE
		22a.) certify that (1) this haspit saw the deceased alive on, above, (1) (we) (dich did not	4/17	19 8	JANI		, 19 <u>8</u> 7 (our) apinion o	death occurred an t	he date and ho		that () (v	
		226. SIGNATURE	LM	)		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	22c. DATE 5/6/		
	3-74	22d. PHYSICIAN'S NAME (TYPE OF				22e ADDRES	S					
		Michael F. Yo	rk, M.D	•		Uppe	r Marlb	oro, Mary	land 2	0772		
	23a. B	urial, cremation, removal Burial	236. DATE 5/9/87	Re Re	AME OF CI	ection	Cemeter	73d LOCATION CLINTOR TOWN	n (Pr.G	eo's)	Md'	ATE

DHMH-16 60M 1 73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physicia

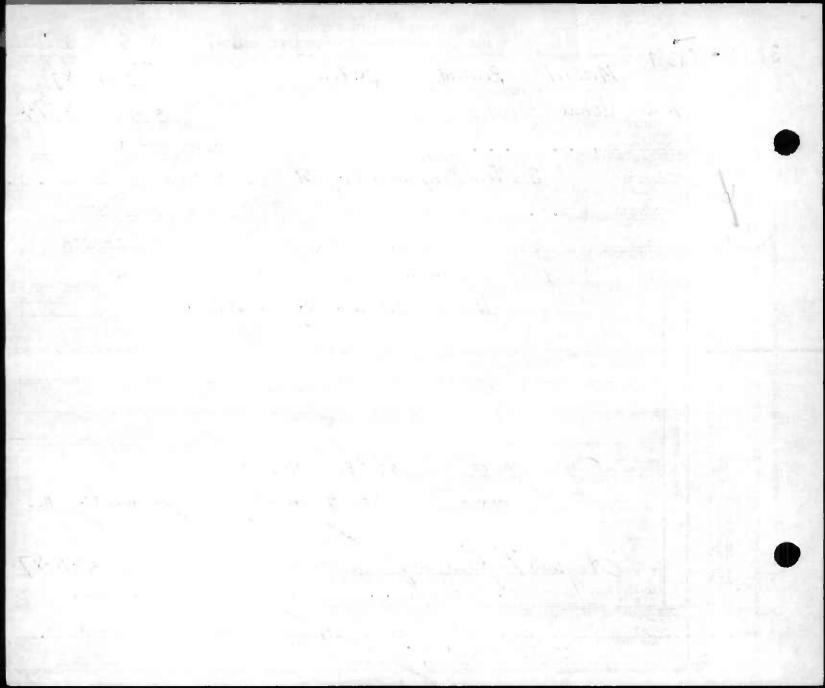
> Burial 5/9/87 Richard A. Coleman -Upper Marlboro, Md. 20772 Funeral Home

Resurrection Cemetery Clinton (Pr.Geo's) JUN8 ISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN Michael Romand DEATH MATED 19 6 2d HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY! PONOLINCED 10/10/59 28 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED XX Washington, D.C. U.S.A. WIDOWED [ DIVORCED Prince George's 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) C & P Clerk Clinton C&P Tele. Co. 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Upper Marlboro P. G. YESXX NO | 8514 James Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harold Shapella Devlin Catherine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS N/A 216-82-9733 Harold Devlin Same as 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MEDICAL EXAMINER AL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) JE HEALTH A CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD, "PERFACE A SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED, A SATER DEAH, WITH THE STATE DEPARAMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURDAL, 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO -21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART L'OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING POR TINGIL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, WHILE NOT WHILE HOME 220 I certify that I took charge of the remains described above, held an Accident Homicide death resulted fram: Natural causes Suicide Undetermined monner MEDICAL EXAMINER EXAMINER'S NAME / Augusto 5009 Rayburn Ct , Temple Hills, MD Rodraguez, M.D. 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Resurrection Cemetery Burial Clinton Prince George's Md 07/84 Lee Funeral Home, Inc.

(VR A15 ME (56633 Old Alexander Ferry Rd Clinton, Md 20735



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

retoined by the hospital or

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

United director, page 3 hin 72 hours ofter death

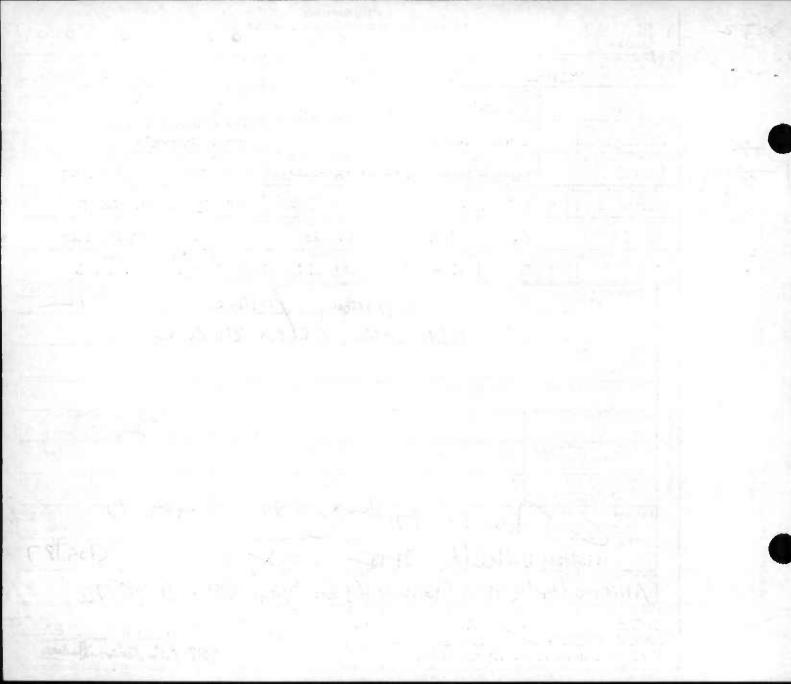
moy be

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	1 5	11	8	
- 1	1 3	U	9	0
REG. NO.			100	10

REGISTRAR				REG. NO	).		100
1) DECEASED NAME FIRST	MIDDLE	i.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
Wilfre	d C.	Di	ietz	Ma	y 29,	1987	6:25A. M
3. SEX	4. RACE	5. DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
Male	Caucasian	June		66	YRS.	DATS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1		9 BALTIMORE CITY OF	1000	OF DEATH	
Pennsylvania	United States	WIDOWE	DIX NEVER MARRIED	Prince Geo	roe's		
	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION	ON	126. KIND C	MD.  OF BUSINESS OR
	Greater Laurel	Belts	ville Hospital	Salesman	WORKING LIFE)	Laun	dry
	other institution, give residence before the Geo. 13th Adelph		13d. INSIDE CITY LIMITS? YES NO	2525 Higbe	e Robe	20783	3
	A. Dietz		Minnie <sup>T</sup>	E.		einheit	ser
160 WAS DECEASED EVER IN U.S. ARA	WAR ORDATES		17. INFORMANT	2625014			
Yes no or unknown) (IF YES WY	VTI 176-12-	-1812	Mildred L. Di	etz Adelph	ii, MD	. 2078	3
PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), an ) BY: E CAUSE (o) DUE TO, OR AS, A CONSEDU	reser	ratory for	line		SETWEEN O	IMATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSEQU  (c)  ONDITIONS CONTRIBUTING TO	SUTUTE ENCE OF	NOT RELATED TO THE TERMI	MAL DISEASE OR COND	DITION GIVER	N IN PART 1:0	o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH	DITION FOR WHICH OPERATION WAS PERFORMED				WERE FINDING CAUSES	
OR CONTRIBUTING CAUSE OF DEAT  [IF EITHER, NOTIFY MEDICAL EXAMINER]  21d INJURY OCCURRED  WHILE NOTIFY HOLD WHILE AT WORK  220.1 certify that (1) (this hopping to the contribution of the	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	200	211 LOCATION STREET  211 LOCATION STREET  19  and that in (hy) (our) opinion d DEGREE  ATTENDING PHYSICIAN	city or tov	te and haur o	COUNTY	state that (I) (we) last causes stated SIGNED
228. PHYSICIAN'S NAME ATTPE OR	1/27525 gae	nau	CA O1 GUE	ublet m	D 30	5770	
230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial			ourg Cemetery	Saxonbur		tler	PA_
<sup>24</sup> निगविक्तार्शेङ (Gasch's 4739 Baltimore A		me, F MD 2		REC'S BY REGISTRAR	who De	MASIGNA	adall



### FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20. DATE OF DEATH FIR5T 5 director, page saurs after deat 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 67 20 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington DC USA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Clerical WORK FOR MOST OF WORKING (IFE) AUREL 13 PTUNGeorge 13 Lawrey Maryland 88II Enfield NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE James MIDDLE Abbott Nova ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? Same as #13 Estal H Dillon ( IF YES, GIVE WAR OR DATES) 20 7325

	PART I. DEATH WAS CAUSED B		lema		12°
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	insufficient CA of a	ives	12°
ATION	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 118
CERTIFICAT	190 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF IN)	RY IN ITEM 18 PART I OR PART?)
MEDICAL	ZIL BYJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	220.1 certify that (I) (this hospital saw the deceased, live an above (I) (i) e) (did) (did not) v	7 3 - 7 0 5	and that in (m) (our) pinion	death occurred on the d	ote and hour and from the couses stated
	LEGULLE TO	epully,	DEGREE M ATTENDING PHYSICIAN [	MEDICAL STA	
(	224 PHYSICIAN'S NAME (TYPE ORPS	. mueller	Exerter a	lamel'i	Beltsville Hose
	(SPECKY) Cremation	9May1987 Cedar	CEMETERY OR CREMATORY Hill Crema	23d LOCATION CITY OF TOWN tory Sui	tland Maryland
24 F	UNERAL DIRECTROBERT E NAME Suitland		Home 254 DA	AY 12 1987	The Charles and Company

STATE OF MARYLAND

26 HOUR

126 KMID OF BUSINESS OR

20708

APPROXIMATE INTERVAL

US Gov't

Court #4

Martin

IF UNDER 24 HRS

8

IF UNDER TYEAR

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

should be detached for use with the State Dept. of Hea IMPORTANT: If them 21 is m TO FUNERAL DIRECTOR the haspital

and the first of the

# STATE OF MARYLAND

8	REG. NO.	
_	110.110.	_

	187	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC	SIENE 8	REG. NO.	1 5	U	8	5
		CEASED NAME FIRST	M	NDDLE	į.	AST .	2e. DATE OF	DEATH MONTH	DAY ,	YEAR	2b. HOUR	R
		Ethel	N	1.	Dor	Y		May 6	, 198	7	5:05r	o ^
Ì	3 SE)		4 RACE	Lagran 1	S. DATE C		6. AGE IN YE	ARS LAST BIRTHDAY)	IF UNDE	BATS	IF UNDER 2	MIN.
ij		FEMALE	BEAG	CK		1. 10,1913	73	YR	S	DATI	NOUR'S	MIN.
A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMOR	RE CITY OR COU	NTY OF DE	ATH		
		D.C.	4.3.	A.	WIDOWE		Prince	e George	s			M
7 75 7	100	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN FRACILITY, GIVE STREET, Memorial	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN	G LIFE) IND	DUSTRY	F BUSINES	
	-	AL RESIDENCE (IF NURSING HOME OF				ıtaı	HOME	MAKEL	0	WIN	HOM	-
7	Ha. S	MD. 136 COU		COLLEGE		134 INSIDE CITY LIMITS?	5120	DDRESS / ZIP CO		- 6	2074	10
i	1.	HARRISON	MIDDLE	BANKS		MABEL	ME	MIDDLE	BAH	KS LAS	ı	
		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
ı	( 4	(IF YES GI	VE WAR OR DATES)	251-91-	5728	DELARCE DO	RY-SI	AMC AS F	13 4	Boi	15	
	K	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per l D BY TE CAUSE (a)	Car de	o Res	privating	ane	1		APPROXI	MATE INTERV ONSET AND D	AL DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUE	me	Rem d =	milan /	۷				Ī
		DADI 2 OTHER SICALIEICANIT	(c)			777804	m	00.00				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	INTRIBUTING TO L	ZEATH BUT	NOT KELATED TO THE TERM	MINAL DISEASE	OR CONDITION	GIVEN IN	PARI Ito	1	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO		YES, WERE			
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR				PART 2}		
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	*		211 LOCATION STREET		CITY OR TOWN	co	PUNITY	\$1.	ATE
		22a I certify that (I) (the back saw the deceased of the on abave, (I) (we) (did) (did)				9 9 9 1 ad that in (my) (aur) apinian	death accurred	/b/ an the date and	19 6 haur and 1	/	that (I) (we	
		12h SIGNATURY An	3-			DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	22	5/6	SIGNED 87	
		ABRAHAM	7 -	ELA		4404 Q	Ulens	bury Rd	Ri	vera	Ile in	0.
	23e(B	REMATION, REMOVAL	23b. DATE / 5		ACVI	EMETERY OR CREMATORY	23d LOCAT	ION )	COUN	17. 10	517	ATE

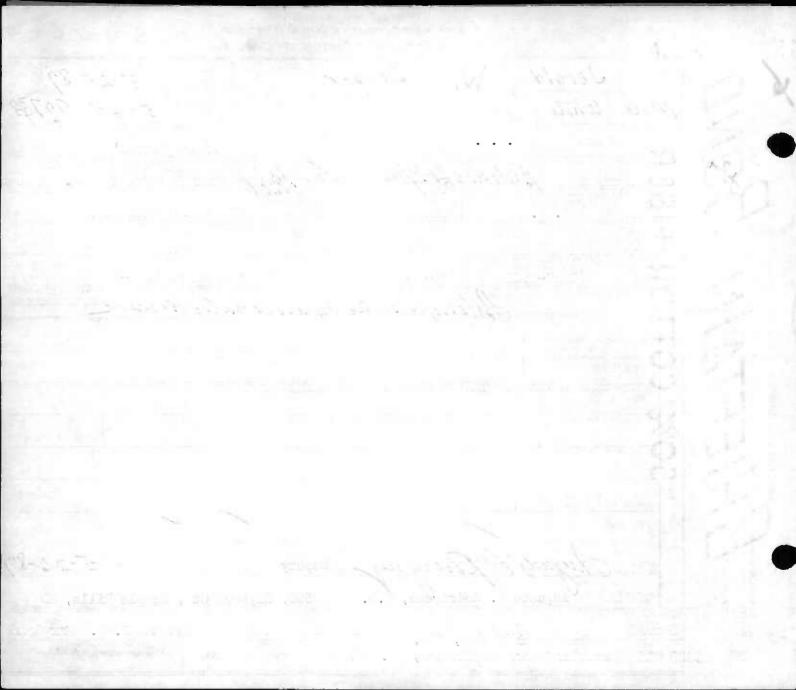
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

H.S. WASHINGTON + SONS 4925 BURROGENS AUG.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR REG NO DECEASED NAME 28. DATE KNOWN (TYPE OR PRINT) P.rold PF DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 01/04/38 49 DEAD 7a. BIRTHPLACE 6 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Vew Hampshire WIDOWED [ Prince George's DIVORCED -LECITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Camp Springs Computer Superviser Ntl UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION 1136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Clinton Maryland P. G. 8601 Sumter Lane 20735 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Draper Lena Unk 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 1957-1963 002-26-5483 Helen Draper Same as 13 A-E Yes 18 CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c). APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL. BETWEEN ONSET AND DEATH terro pelustre Carle Nasdular disesse PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE LA DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) D BE USED AS A BENT OF HEALTH A BURJAL, CREMA CERTIFICATION 198, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO [ DEPARTMENT 21g EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST.
BATTMORE, MARYLAND, 2 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Homicide Suicide Undetermined monner Deputy 5-26-87 ACTUAL SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 05/28/87 Maryland Veterans Cemetery Cheltenham P. G. Maryland BP. 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 (VR AIS ME (5)) 6683 Old Alexander Ferry Rd Clinton, Md. 20735



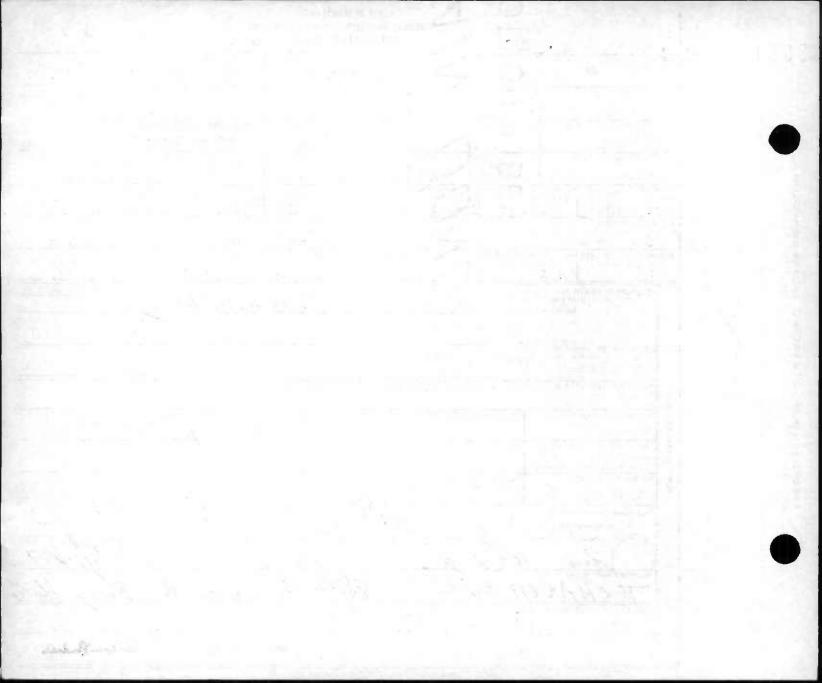
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REG. NO.	5	0	8	

	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	508/
Ť	1-DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
ı	RA	YMOND Edwar	d Edelen	MAY 10,	1987 12:40P <sub>M</sub>
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Cau.	12 - 12-1918	68	YRS.
	70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUR	NTRY? 8. MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCED	Prince Geo	
N IN	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE	JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
	Lanham USUAL RESIDENCE (IF NURSING HOME OF		spital of Pr. Geo. Co	. Farmer	Tobacco
1	13e. STATE 13b COU	JNTY 13c. CITY OF		13e.STREET ADDRESS / ZII	PCODE 20613 Town Landing Rd.
1	14. FATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN N	AME	IAST
1	George	T. Edele		Unknown	Unknown
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIAL	L SECURITY NO. 17 INFORMANT 440	5 68th Plac	e 20784
1	NoN/A			eman.Landov	
		DUE TO, OR AS A CON (b)  DUE TO, OR AS A CON (c)  CONDITIONS CONTRIBUTION		MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	210. ACCIDENT WAS UNDERLYING		TIE HOW INJURY OCCU	RRED TRAITER HATLIST OF INJURY OF	
	OR CONTRIBUTING CAUSE OF DE	LAIN .	19		
	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC   LINEATION	EIN DETOWN	COUNTY UAR
	AT WORK AT WORK		1100 0	7 5/	17
	22a.1 certify that (I) (this hasp sow the depensed above o	on 3/10		n death occurred on the date of	and hour and from the causes stated
	72b. SIGN (III)	not) view the body after death.	DEGREE	1	271. DATE SIGNED
	There	426	ATTENDING PHYSICIAN	MEDICAL STAFF	0 3/11/07
	T. CHAN	PelfiBU	3854 Que	uninga a	Berny Hote
	230. BURIAL, CREMATION, REMOVA	23b. DATE 5-29-87	Cedaryille Assembly of God	DE LOCATION CITY OF TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	7-27-81		Brandywin	
		l Home Inc.		AY 2 8 1987	ha Dendor Rodel



	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO	1	5 0	8	8	
J		GEASED NAME	FIRST		MIDDLE		AS1	20. DATE OF		AONTH DA		26 HOUR	7	
		Mabel					Edwards			ly 24,		7 3:0	- 10/	
	3 SE	K	4	4 RACE			5. DATE OF BIRTH MONTH DAY YEAR		ARS LAST BIRTH		UNDER I YEAR	IF UNDER 2 HOURS	MIN.	
	-	Temale		White			October 31 1906		8 0 YRS					
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?		? 8 MARRIEI	MARRIED M NEVER MARRIED		E CITY OF	COUNTYO	FDEATH			
2		llver Hil			JSA	WIDOWE		Princ					MD	
1	10 C	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSI CHEACILITY, GIVE STREE		R OTHER INSTITUTION	TYPE OF WORK F			126. KIND O INDUSTRY	F BUSINES	SS OR	
5	-					edical Cen Hos		Housewife			Own Home			
3	130 S Ma	aryland	136 COUNT Pr (	Υ	Camp S	WN	SYE NO -	13e STREET AL			Dri.	748	8	
1	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	MIDDLE		ornwa	1.1		
4		John		L. Have:					40000		ornwa	TT		
1	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.			RMED FORCES? 16b SOCIAL SECURITY NO 1240-08-317			Thomas Ear	rl Edwards			Same	as	#13	
or other troumotic		Canditians, if any, gave rise ta imr cause (a), statin underlying cause	nediate ng the last	DUE TO, O	R AS A CONSEQU	UENCE OF DC CAN UENCE OF	rdial In		410					
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a												
9	CERTIFICATION	190 DATE OF OPERA	TIÓN	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOP	NO [	20b. IF YES, VIN CERTIFYII	VERE FINDING CAUSES		H?	
9		21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	n	OF INJURY M. MONTH [ .M.	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTERNATE	RE OF INJURY	IN ITEM 18 PAR	I OR PART 7)			
	MEDICAL				OF INJURY REET FACTORY OFFICE	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY STATE			
21 is mo		22a I certify that (1) saw the decease abave, (1) (we) (c	ed alive an_	May	29 19		nd that in (my) (aur) apinion of	death accurred		e and have a		that (I) (w		
		ME SHONATURE	)	20	10	1	DEGREE	MEDICAL	STAF		22c DATE	SIGNED	3 5	
	1	12112	4	100	SUL PK	ZV	PHYSICIAN	DIRECTOR	PHYSICI	AN 🗌	125 n	Jet 5	2.1	
-		Stephen Goldberger, M.D.					7801 Old Branch AVe Clinton, Md. 2073							
4														

DHMH - 16 60M 7/84

BP.

24 FUNERALDIR ROBert E Wilhelm (VRA 15, 4) Funeral Home

23a BURIAL, CREMATION, REMOVAL Burial 28May1987

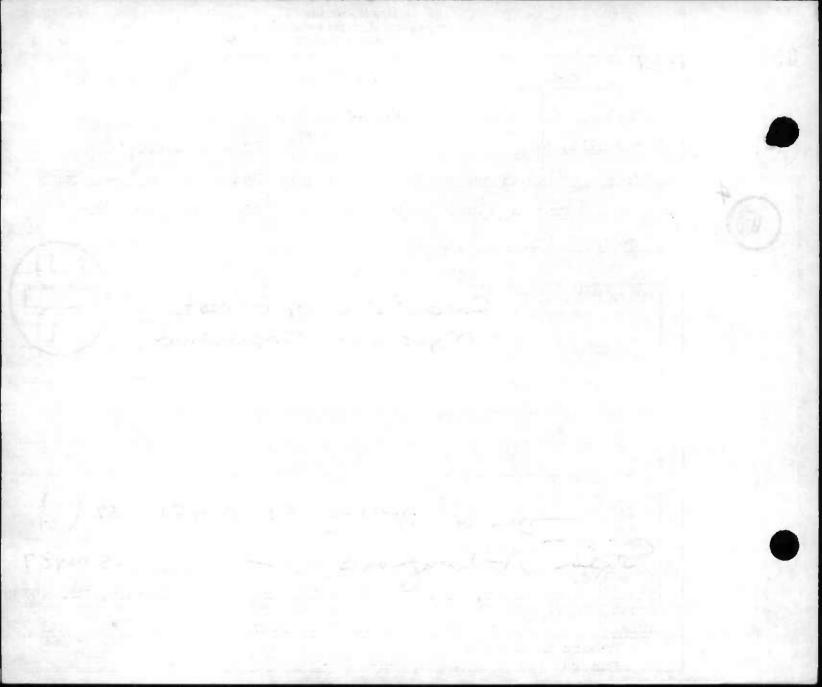
23b. DATE

231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION
CITY OR TOWN
Y Suitland

Md

Suitland, Md.



STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	O / REG. N	0.	3 0	0 7
	CEASED NAME	FIRST		MIDDLE	- t	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
Pilyp	E OR PRINT)	K	MARU	TEN	11-6	0		5-6	6.87.	4.201
3 SE	X		1 RACE	0 //	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	THDAY	FUNDER I YEAR	IF UNDER 24 HRS
F	emale	2010	Caucas	ian	MONTH 11/	04/11 YEAR	76		ONTHS DATS	HOURS MIN.
real	INTHPLACE (STATE OR F	OREIGN	7h CITIZEN OF	WHAT COUNTRY?	_	04/11	9 BALTIMORE CITY C	P COUNTY O	OF DEATH	
K	COUNTRY		U.S.		MARRIE	D NEVER MARRIED	Day	. /-	2	2 0
	lorida		1) NAME OF	LOCALT A LANGE	WIDOWE		MANCE	0	CONG	EJ COMD.
7	THE OWN OF DEA	CIH.		CH FACILITY, CLUE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
100	Clintor	7	20	- ///01	14/601	nel/10sprac	Homemaker		Home	
	AL RESIDENCE (IF NURSI	ING DME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	1		
	Maryland	W .	ert	Chesape	ake	YES X NO	5114 Roser	nary Dr	rive 20	732
_	ATHER'S NAME					15 MOTHER'S MAIDEN NAM				
A 40	FIRST		MIDDLE	Johns		Eva	WIDDLE		Smit	h
	was deceased ever	IN U.S. AR		166 SOCIAL SECT	URITY NO	17 INFORMANT	ADDR	ESS		
1	YES, NO OR UNKNOWN)		E WAR OR DATES)	THE PARTY		Toni Emelio	002 Dalmar	DA Ar	2074	4 Wash.N
-	No		/A	578-24-		JOHT PHETTO	JUZ FAIREL	M. AL		
	18 CAUSE OF DEATH PART I. DEATH W	H Enter on	ly one couse per D BY	line for (a). b. or		. 0	1 - 1	-	BETWEEN-CH	AATE PHTEROIL
			E CAUSE (a)	entr	4 V0	5 Culon	Accord	me	10000	
	STATE OF		DUE TO, O	R ASA CONSECU	ENCE OF			-		
	Conditions, if ony,		( (b)	1000	ens	shoul	- Her	A L	The	-
	gave rise to imm		DUETO	PAS A CONSEQUE	ENCEOE		20			
	underlying cause last DUE TO, OR AS A CÔNSEQUENCE OF									
	PART 2 OTHER SIGN	III CANTO	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION CIVE	NUNI DART L	
Z	Renna	1	1-m7	14- 8		1001 KEENTED TO WE TERM	The Disease of the Color	)	N HY PART TO	
CERTIFICATION	190 DATE OF OPERAT	ION	V I 19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	TON IE VES	WERE FINDING	CELISED
FIC			170 00110	THO TO TO THE	OLEKANO	T WASTERI ORMED	200 2010131		ING CAUSES	
RT							YES NO	YES		ИО 🗌
	21a. ACCIDENT WAS UND		1 HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN HEM 18 PAR	et I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19					
EDI	21d INJURY OCCURR	RED	21e PLACE	OF INJURY	5 4 Day 5 7 5 4	21f LOCATION	CITY OR TO	wN	COUNTY	STATE
>	WHILE NOT WHE	ILE	(AT HOME STE	CELL PACTORY OFFICE.	PARM EIC	Since.				3,416
	220.1 certify that (I)	(this hospit	tal) attended th	e deceased from_	4	1) 4 19 0-	- 10 5/6	1/	9 25 11	hat (I) (we) last
0	saw the decease	d olive on	5)	5 19	X7.00	d that in (my) (our) opinion	eath occurred on the d	ate and hour	0	
	77b SIGNATURE	gard no	The body	atter death	0 1	DEGREE			22c. DATE S	IGNED
	K	0	1/			ATTENDING	MEDICAL STA		CIL	160
	224 PHYSIC N'S NA	1	- 4-			PHYSICIAN [	DIRECTOR PHYSIC	MANL	12/0	141
	166	The line of		1	. /	(0- D / -	660		12	20%
	1 2 6	-1+	0	1031 A	-	455	11/2	-/	- ( 4	140
	SURIAL, CREMATION,	REMOVAL	THE DATE			EMETERY OR CREMATORY	234 LOCATION	Desire	e Georg	EM of a
C	cemation		05/07/	8/	ee's (	Crematory	Clinton	FILINC	C OCOLO	C 5 TLL

DHMH - 16 50M 1/81 (VRA 15, 4)

OFUNERAL DOCTOR After this certificate has been signed in hold be demonstrated for use as the burnol-transit permit. Then plea

ORTANT # hrm ?? is morked or hem 18 sho

ATTENDING PHYSICIAN The law

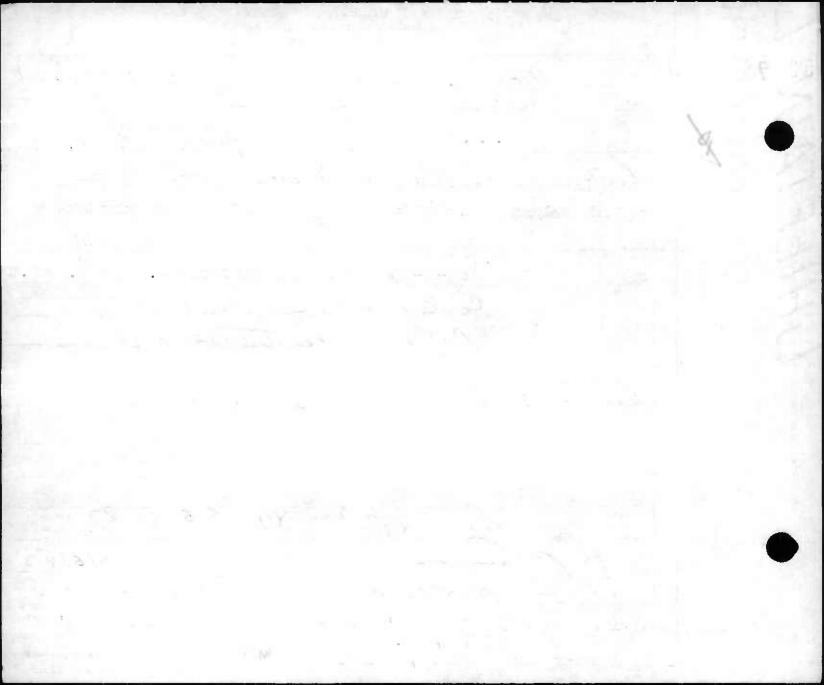
injury, or other traumatic event,

24 FUNERAL DIRECTOR

Lee Funeral Home, Inc.

250 DATE REC'D, BY REGISTRARIZS B. REGISTRAR'S SIGNATURE

6633 Old Alexander Ferry Rd Clinton, Md 20735



DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPEBUrial

Mueller

5/13/87

1,7	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	o. •	5090	
	CEASED NAME OR PRINT)	h re	· Anu	ella E-t.	hrid	9L	5-10-		1000 AM	1
3 SE	Female			hite	5. DATE C		6 AGE IN YEARS LAST BIRT	YRS	FUNDER LYEAR IF UNDER 24 HRS	
	RITHPLACE ISTATE OR FO	OREIGN 7	USA.	WHAT COUNTRY?	8. MARRIEI WIDOWE	DXXNEVER MARRIED   DIVORCED	PRINCE GEO	-	COUNTY MD.	
	ity or town of dealure1	(IF NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION  JICHFACILITY, GIVE STREET ADDRESS)  LAUREL BELTSVILLE HOOPITAL HOUSEWIFE				F WORKING LIFE)	176 KIND OF BUSINESS OR INDUSTRY HOME	1	
USU, 13q M	AL RESIDENCE (IF NURSI STATE Ld.	136 COUNT		GIVE RESIDENCE BEFORE 13. CITY OR TOWN Laurel		13d INSIDE CITY LIMITS?	136 STREET ADDRESS A	ZIP CODE	es Dr. 20708	
	THER'S NAME PIRST	м	IDDIE	Guther	ТУ	15. MOTHER'S MAIDEN NAME FIRST Dorothy	WE		Rodley	
	VAS DECEASED EVER ( YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUI B17-34-5		Thomas Ethi	addre cidge sam		13e	
	PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	AS CAUSED  IMMEDIATE  which nediote g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	multiple	myelons		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2.59rs.	A STATE OF THE PARTY OF T
TIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, 1	WERE FINDINGS USED ING CAUSES OF DEATH?	
MEDICAL CERTIFICATION	216. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 216. INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK	AUSE OF DEAT ALEXAMINER)	P. 21e PLACE	M. MONTH DA M.	19	211. HOW INJURY OCCURE 211 LOCATION SIREET	CITY OR TO		(COUNTY STATE	Annual Section
	sow the decose obove, (If (we) (d	this hospital dalive on_ id) did not)	5-1	atter death.		nd that ir (my) our) aprinion of DEGREE	death occurred on the do	F /	ond from the couses stored	

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Meadowridge Cem.

7601 Sandy Spring Rd. Fleck Funeral Home, Inc.Laurel, Md. 20707

250. DATE REC'D. BY REGISTRAR 255 REGISTRAT STIGMATURE

Howard

Md.

Dorsey



death Page 4 may be

death certificate be executed within 24 hours ofter

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

BP\_\_\_\_\_

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

l l		FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 0	91
JUN		CEASED NAME OF FIRST	RLES	MIDDLE	Ei	IANS	20 DATE OF DEATH	22,	1987	1/15 A
	3 SE	X	4 RACE		5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BE		NIHS DAYS	IF UNDER 24 HRS
. 79	7	nale	Bla	WHAT COUNTRY	9	- 15 - 42	9 BALTIMORE CITY	YRS	DE DE ATU	
18	70 81	RTHPLACE (STATE OR FOREIGN FOUNTRY)	U.S.		MARRIE	(	PRINCE		KEE'S	MD.
70		TY OR TOWN OF DEATH	11. NAME OF		ING HOME C	DROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST - Respira	OF WORKING LIFE!	INDUSTRY	of BUSINESS OR
most be	USU	AL RESIDENCE (IF NURSING HOM			RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	Therapi I3e STREET ADDRESS 3145 75t	ST ZIP CODE		785
and de	14 FA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	1
20		Charles		Evans		Evelyn			mell	
0000		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		
e/		Yes		264-68		Nancy Evar	1s-Same a	s # 13	abox	70
int, in		18 CAUSE OF DEATH IEnte PART I. DEATH WAS CA	u anly one couse pe USED BY	^ /	. /	and a real	12.5			MATE INTERVAL ONSET AND DEATH
c eve		IMME	DIATE CAUSE (0)	enem	ovas	aver acci	Receo		-	27100)
rner troumo		Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last	DUE TO,	DR AS A CONSEQUENCE OF A						
y, or o		PART 2 OTHER SIGNIFICAL	NT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 110	0
2	O.	rocurre	ut as	suape	ione,	preumon				
2	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHIC	H OPERATIÕ	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
8 0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH I	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM TO PAR	RT I OR PART 2}	1000
The le	MEDICAL	LIFEITHER NOTIFY MEDICALEXAN		OF INJURY	19	211 LOCATION	enve it.	600	Handa	
ked	ME	WHILE NOT WHILE DE NORK		TREET FACTORY OFFICE	FARM ETC )	STREET	CIT OF 1	DWH	COUNTY	STATE
IS MOR		220.1 certify that (1) (this h	- 5/7/7	the deceosed from		nd that in (my) (our) opinion	to 5/22	late and how	87	that (I(w) last
8		above, (I) (we) (did)	d not view the bald	y after death		DEGREE	death accorded on the c	tore and noon	22c DALE	
# # #e		Myron	d.	Kenn	en	. A 19 ATTENDING	MEDICAL STA	CIAN	5/0	2/97
PORTA		MYRON ,	L.LENK	y)		27e ADDRESS 230	EATON M	EFIEL	D PRI	9'
<u> </u>	234	BURIAL CREMATION, REMO	VAL 236. DATE	87 C		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN CHELT	ENHAM	COP'G.	M). STATE
7/B4		S. WASHING	TON + SON	s 4925 L	BURROG	1645 AVE. N.C. JU	NO 3 1987	256 REGISTR		
								4	CHALLES TO	Charlett

STATE OF MADVIAND

THE SECOND OF THE SECOND SECOND ^ \* \* - Street Till has been been the grant of the first of

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

CERTIFICATE OF DEATH

IENE 8 REG. NO.	5	O	9	2
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR T
May 14,1987			5:2	8A M
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
66 YRS.	MONTHS	DAYS	HOURS	MIN.
6 AGE (IN YEARS LAST BIRTHDAY)				24 HR

4	I DECEASED NAME FIRST	MIDDLE	1	AST .	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOL	JR		
1	Margare	et Kirk	FE	NN	May 14,	1987		5:2	8A M		
1	3. SEX	1. RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER	24 HRS		
	Female	White	May	1 0	66	YRS.	THS DAYS	HOURS	MIN.		
1	70. BIRTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	DEATH				
2	Maryland	U.S.A.	WIDOWE		Prince George's MD.						
51	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126. KIND O	F BUSINI	ESS OR		
5	Lanham	DOCTORS HOSPITA		PR. GEO. CO.	Registered			Hosp	ital		
-	USUAL RESIDENCE (IF NURSING HOME OR C 130, STATE 1136, COUNT			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /			7 1-	7-7		
V	Maryland Pr. (			YES IN NO	7805 Manda		701	(0)	/(		
á	14 FATHER'S NAME			15. MOTHER'S MAIDEN NAM	WÉ	11/11/11	101				
ζ	Harold	H. Magruder		Martha	MIDDLE	Manage	LAS	T			
-	160. WAS DECEASED EVER IN U.S. ARM	The second second second	RITY NO.	II INFORMANT	L.	<u>Murp</u> andan R		0.2			
		WAR OR DATES)	067	M. M. T. T. T.							
1	NO	578-12-5	901	Martha L. Fer	nn Gree	nbelt.					
١	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per lint or (a), (b), an	d (c).1		-/		BETWEEN	MATE INTE	DEATH		
		E CAUSE (a)	cer	na with	Shock						
		DUE TO, OR AS A PONSEOU	ENCE OF	4		- 314					
	Canditions, if any, which	( 16) Gens	Ne	with,							
	gave rise to immediate couse (a), stating the	DUE TO, OR AS ACONSEOU	ENCE OF								
	underlying cause last.	(c) Stat	we	melita							
		ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 1	-			
	190 DATE OF OPERATION	such I	ine	Cartine	preenh	he	logal	< J#			
	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	201 IF YES, W	G CAUSES	OF DEA	D TH?		
	E E				YES NO	YES [		NO [			
		216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEAT	in .	19								
	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CHTY OR TOV	WN	COUNTY		STATE		
	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, I	AKM, ETC.)	SINCE							

220 I certify that (1) this hospital) attended the deceased fram

the bady after death. DEGREE 220 DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

23c. NAME OF CEMETERY OR CREMATORY

ROBERT RUDERMAN, M.D.

FOR

REGISTRAR

- STATE

6510 Kenilworth Ave. #2100 Riverdale, Maryland 20737

23d. LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Lincoln Cem

Maryland

PARE PUNERAL DIRECTOR endon/Hale Lanham Euneral Home 9013 Annapolis Rd. Lanham, Md. 20706

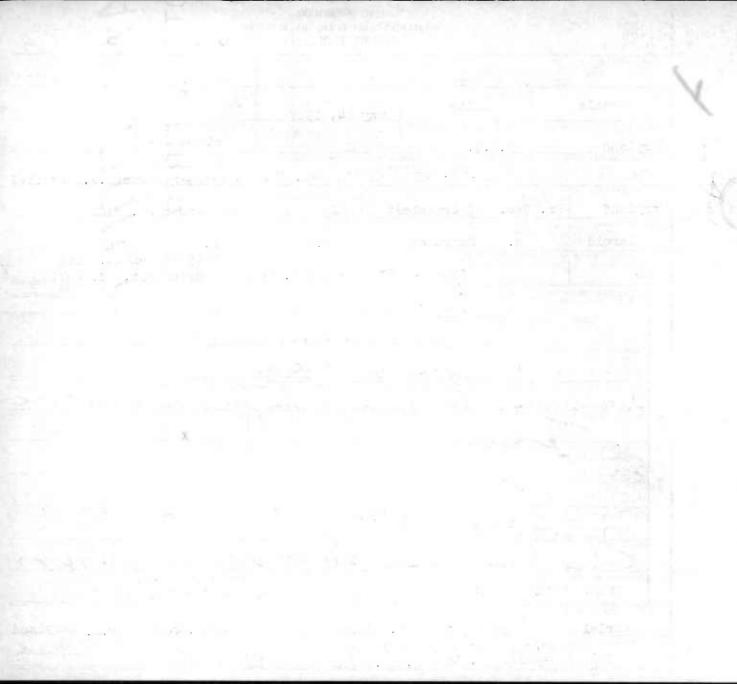
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MAY 1 8 1987 Gina Scorden Lander

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT; If Hem 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, ar removal



STATE OF MARYLAND

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12/12/13

MARRIED TNEVER MARRIED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	-	6	0	-
20 DATE OF DEATH MONTH	DAY	YEAR	2b.	HOUR
5/25/87	-1		8:2	21 /
6 AGE (IN YEARS LAST BIRTHDAY)	IF UN(	DER 1 YEAR	_	NDER 24

9 BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

126. KIND OF BUSINESS OR INDUSTRY

20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! Real Estate Investor-Real

13. STREET ADDRESS / ZIP CODE 1 Charen Court 20854

15 MOTHER'S MAIDEN NAME Helen

DIVORCED

MIDDIE

Duffy

17 INFORMANT

ADDRESGaithersburg, MD Joe Finneran 823 Quince Orchard Blvd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY min IMMEDIATE CAUSE ID Conditions, if any, which gave rise to immediate couse (o), storing the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES 🗌	NO	YES	NO 🗌	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	) (ENTERNA	TURE OF INJUR	TY IN ITEM 18 PART T OR PART	2)	

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

21f LOCATION CITY OR TOWN COUNTY

220.1 certify that (1) (this haspital) attended the deceased from GREEY sow the deceased alive on. \_\_\_\_, and that in (my) ( apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

DEGREE ma

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING PHYSICIAN TH

22c DATE SIGNED DIRECTOR PHYSICIAN

Hall G. Cantor, M.D.

WHILE NOT WHILE AT WORK

- STATE

3 SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

70 BIRTHPLACE (STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

Bethesda

MD LATHER'S NAME

Francis

No

MEDICAL

Male

I AN WAS DECEASED EVER IN U.S. ARMED FORCES

Francis J. Finneran

4. RACE

JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

MIDDLE

J.

x White

U.S.A.

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Suburban Hospital

Potomac Potomac

Finneran

166 SOCIAL SECURITY NO

578-22-9849

22e ADDRESS

3800 Reservoir Rd. NW Wash., DC

230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 5/29/87 Burial Greens Farms Colonial Cem.

Greens Farms, CT

24 FUNERAL DIRECTOR Joseph Gawler's SONS. Inc. 5130 WI Ave. NW Wash., DC 20016

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Aulia Devidson Pondall

DHMH - 16 60M 7/84 (VRA 15, 4)

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Hall G. Cantor, M.J. "EDT parter M. Hall G. Cantor, M.J.

The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF MEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-CESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. VITHIN 72 HOURS DEATH MATED & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED WITH WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OF PUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS SECULITY 2, AND 3. 3. RETAIL SHOULD COUNTY 13d. INSIDE CITY LIMITS? SNAME 15 MOTHER'S MAIDEN NAME DISED AS A BURIAL - TRANSIT PERMIT, PORM F. USED AS A BURIAL - TRANSIT PERMIT, PAGES T AN OF HEATH AND MENTAL HYGIENE, DINSON OF REMOVAL. 2. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. GIVE CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Destensees arteris sclerates cardiovas sulas deserva IMMEDIATE CAUSE DUE TO WE AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIB BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES NO E 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection Autopsy ond in my apinion Natural causes Hamicide \_\_\_ death resulted fram: Accident Suicide Undetermined monner Deputy ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD TYPE OR PRINT 230. BURIALACREMATION, REMOVAL 236 DATE 238 LOCATION STATE 00000 07/84 BP. 25M 24 FUNERAL DIRECTOR DHMH- 17 VR A 13 ME (50)

To a service P. Codrigues, A. . . . . Show Maybers Ob , we plan the may for

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF MEATA REGISTRAR DEGEASED NAME 20 DATE KNOWN X 26 HOUR TYPE OR PRINT F ANY DELAY IS NECESSARY, PLEASE OF TO THE FUNERAL DIRECTOR.

FLAN PAGE S-FOR YOUR FILES.

BETALED, WITHIN 72 HOURS

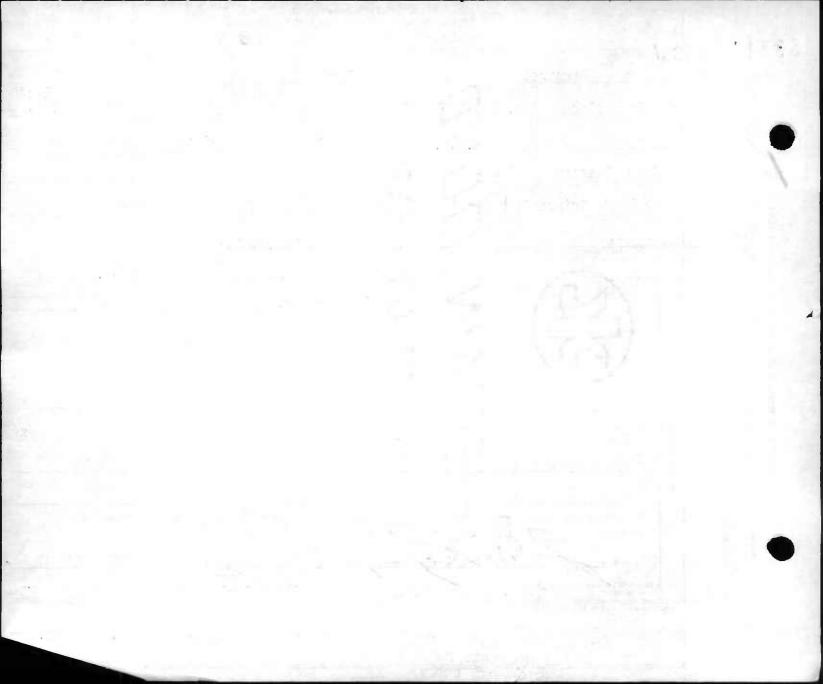
FELLOS 20 W. PRESTON STREET, OF ESTI-5/1 Margaret DEATH MATED 19 87 Ford 4. RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 0.140 DAY LAST BIRTHDAY) VEAD RONOUNCED Black 28, 1901 19 87 DEAD Female. 86 Jan. H BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED WIDOWED IN DIV MARYLAND

ID CITY OR TOWN OF DEATH DIVORCED Prince George's County (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
504 - 69th Stree FOR MOST OF WORKING LIFE! OR INDUSTRY Seat Pleasant 69th Street DOMESTIC NONE BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Seat Pleasant Maryland 69th Street 504 -14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE TEREMTAH WARD Hawkins DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 504 69th STREET PAGES (YES, NO. OR UNKNOWN) 579-48-2550 RAJAH COLBERTSEAT PLEASANT MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W FOR **UNREAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-RANSIT PERMIT. AFFER DEATH, WITH THE STATE DEPARTME. IN THE AND MENTAL HYGIENE, D BAÇTIMORE, MARYLAND, 21201 PRIOR TO BURNAL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (m) CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [] NO K 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING None CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. II LOCATION AT WORK AT WORK STREET, FACTORY, FARM, FTC.) CITY OR TOWN STATE COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED. Deputy 5/1/87 SIGNATURE 1919 Seminary Road
ADDRESS Silver Spring, Montgomery County, MD EXAMINER'S NAME John S. Rogers, M.D. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BURIAL 5-8-87 HARMONY CEMETERY 07/B4 13h REGISTRATE 25M 24 FUNERAL DIRECTOR LLINS FUNERAL HOME, INC. DHMH - 17 4339 HUNT PLACE, N.E. (VR A15 ME (5))

WASHINGTON, D.C.

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STATE OF MARYLAND



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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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1 37	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	8 /	1509	1 6
1 DE	ECEASED NAME	HE L	(EN)	K.		FRALEY	REG. NO.	27.87.	3.12 M
3 SE	× FEMALE		RACE WHITE	E	5 DATE O		6 AGE (IN YEARS LAST BIRTHD	YRS IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	IRTHPLACE ISTATE OR I			WHAT COUNTRY?	WIDOWE		PAINCE	GUORGE	CS COMD.
	AL RESIDENCE (IF NURS	N	(IF NS SUC	HOSPITAL, NURSIN	W/AN	DROTHER INSTITUTION TO THE	120 USUAL OCCUPATION { TYPE OF WORK FOR MOST OF W COOK		URANT
138	STATE  MD  ATHER'S NAME	13b. COUN'	TY	13c. CITY OR TOW CLINTON	NDMISSION)	13d INSIDE CITY LIMITS? YES X NO [	130 STREET ADDRESS 11171 Pisca	taway Rd.	35
	HOWARD	I	IDDLE	KEENEY		GERTRUDE	WIDDIE	YOUN	G
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	217-01-9		GEORGE B. FR	ALEY, JR. 111	71 Piscataw	ay Rd.
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only (AS CAUSED IMMEDIATE		Card	ioc	Arres	It.	APPROXIA BETWEEN	MATE INTERVAL MSET AND DEATH
	Conditions, if any, gave rise to improve to static underlying cause	nediate ng the last.	DUE TO, OF	tracio	NCE OF	rial Fi	liveraula	Dione 10	ay C
CERTIFICATION	Par 190 DATE OF OPERA	tia	196 CONDI	nall TION FOR WHICH	B	N WAS PERFORMED	200 AUTOPSY?   2   YES   NO   X	OB IF 155 WERE FINDING CAUSES OF YES	GS USED
	21g ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	NITEM 18 PART ( OR PART 2)	
MEDICAL	21d. INJURY OCCUR!		21e PLACE (	OF INJURY BEET FACTORY OFFICE FA	ARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) sow the decease above, (1) 4	ed alive an_	view the bady	27 19	7.0	nd that in (my) (see apinion a	, to, to	and hour and from the c	hat (1) (1) last ouses stated
	Thos.	F. C	lea"	ry, M	M D.	ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIA	1 3 CX	8-87 2735
	BURIAL, CREMATION, (SPECIFY) BURIAL		236 DATE 6/1/8	7 LE		EMETERY OR CREMATORY  DWN CEMETERY	23d. LOCATION CITY OR TOWN LEWISTOWN	FREDERICK	
24 F	UNERAL DIRECTOR NAME 1621 Oposs		JGLAS S'	ADDRESS	k, MI		E REC'D. BY REGISTRAR 251	REGISTRAP'S SIGNATO	Medall

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: H H

while there was the MATERIAL OF Chalconson Come 1040 mark frenchest theil Burker Small Hones C. Colombian They Police y ith TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or ottending physician.

executed within 24 hours ofter death Page

	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HY	YGIENE	3 7 REG N	10	5 0	9 /	
1.7 20	I DE	CEASED NAME FIRST	MIDOLE		L	nST	20. D	ATE OF DEATH	MONTH	DAY YEAR	26 HOUR	7
eoth	(110)	GEORGI	A ALICE		FREI!	TAG	Ma	ay 16,	1987		8:38	} A .
P - e	3 SE	x	4 RACE		5. DATE C		6. AC	E (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YE		A HRS
ors of	1	Female	Caucasian		Sep	t 12° 190°9		77	YRS		S NOONS	Mind.
2 2 Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY?	MARRIED	NEVER MARRIED		rince				MD.
86	10 C	linton	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Southern	GIVE STREET	G HOME O		12a L (TYPE	JSUAL OCCUPAT OF WORK FOR MOST	ION	126. KINE INDUST	of Busines	SOR
285	130 S		ITY 13c. CIT	or town ldor	N	13d INSIDE CITY LIMITS?	13e.S	TREET ADDRESS	/ ZIP COD	DE	4(1)	
Sond 2	) .	ATHER'S NAME FIRST Harry Leonar				15. MOTHER'S MAIDEN N Abegal		WIDDLE		Cook	LA51	
Poges medico		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, giv NO ——	E WAR OR DATES)	9 <b>-</b> 09	RITY NO. -957	17 INFORMANT L Judith	A. 5	addr Sparsho	2	22 Cor	mpton f.Md	Rd
Then please remove corbon pa r to burial, cremation, or remov injury, or ather troumatic event	NOI	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A C	ONSEQUE	NCE OF	NOT RELATED TO THE TEN	rminal I	DISEASE OR CON	UDITION GI	IVEN IN PART	lia	
it permit	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE FINI IFYING CAUS 'ES []	DINGS USED ES OF DEATH NO	?
entol Hyginitem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	ONTH DA	Y YEAR	21c. HOW INJURY OCCU	URRED (	enter nature of inju	JRY IN ITEM 18	PART I OR PART 2	1	
th ond M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		ARM FIC 1	211 LOCATION STREET	1997	CITY OR TO	NWC	COUNTY	STA	TE
for use af Heol	à	220 I certify that (I) (I) saw the deceosed alive on abave, (I) (1921) (I) (doe no	5/10/8/	ed from_ 19_ oth.		d that in (my) (aur) apinio	on death	accurred an the o	ate and ha			,
detacher tote Dept		22b. SIGNATURE	a				ME DIR	DICAL STA			16-87	
should be detoo with the State D		Timothy R.	Pace, M.D			Rt-301S,			Md	20601		
· ' †		BURIAL, CREMATION, REMOVAL SPECIFY BUTIAL	5-20-87	F	t. L	incoln Cem		d LOCATION city or town Brentwo	od,	Pr.Ge	o Md	
60M 7/84 15, 4)		untt Funeral	Home Wa	ADDRESS 1don	Box :	156 MA	Y 1	9 1987 TR	REOS	Participal (1)	MONE	

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(VRA 15, 4)

a committe de la company de la EATER SEATER A JUST OF A MESSAGE TO THE SEATER. The state of the following the state of the 

STATE OF MARYLAND REGISTRAR 1. DECEASED NAME 20. DATE KNOWN A 20 HOUR (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS DATE LAST BUTHDAY) PRONOUNCED DEAD Pennsylvania U.S.A. 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Sheet Metal Mechanic Self-Employed FATHER'S NAME IS MOTHER'S MAIDEN NAME Harrison B. French Cecil Marvott IN U.S. ARMED FORCES? Rockville, Mess 20853 YES, NO OR UNKNOWN) 218-10-4295 Louise A. French (wife) 13509 Parkland Drive CAUSE OF DEATH (Enter only one couse per line for (o), (b), a/ld (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 ED TO THE CHIEF MEDICAL SHOULD BE USED AS A BEATMENT OF HEALTH PRIOR TO BURIAL, CREWA 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 714 INJURY OCCURRED 211, LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH JIHE ST BALLIMORE, MARYTAND, 2 Inspection 220. I certify that I took charge of the remains described above, held an and in my opinion Notural couses death resulted from: Homicide Undetermined manner TITLE (SPECIFY ACTUAL XAMINER'S HAME TYPE OF PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 5/22/87 THE NAME OF CEMETERY OR CREMATORY 23d LOCATION Ft. Lincoln Cemetery Brentwood, "Maryland" 07/84 1331 Rockville Pike Rockville, Md. 20852 **DHMH - 17** (VR A15 ME (5))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

should be detached for use as the burial-transit powith the State Dept. of Health and Mental Hygiens

TO FUNERAL DIRECTOR After

DHMH - 16 60M 7/84 (VRA 15, 4)

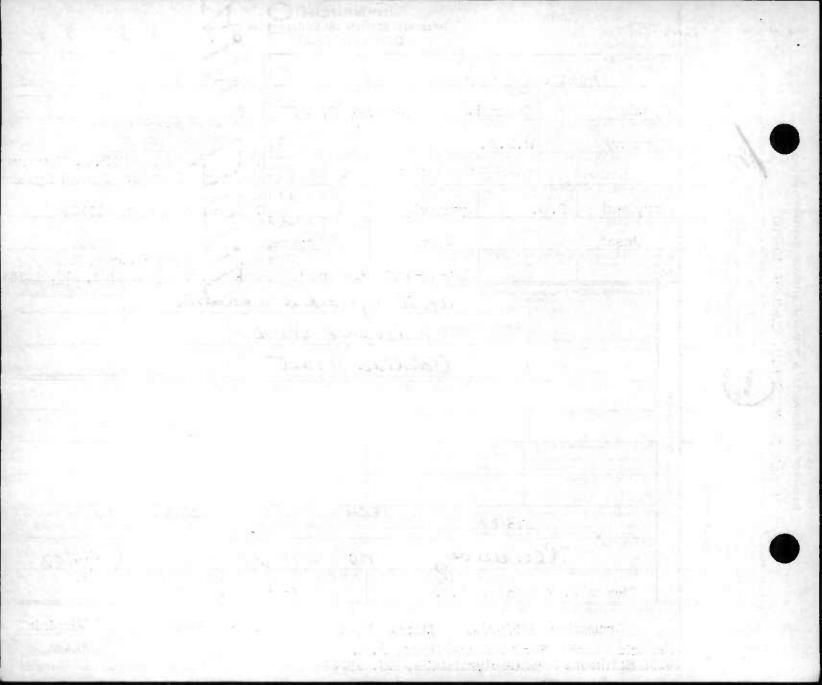
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8	REG. 1	10	5	Ü	7	9
DATEC	DE DEATH	HTMOM	DAY	YEAR	2h HC	SILIC

1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)  Anneliese Margarete FUNKHOUSER  3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR  May 4,1987  6. AGE (IN YEARS LAST BIRTHDAY)  15 UNDER 1 YEAR IF UNDER 24 HRS
Anneliese Margarete FUNKHOUSER  3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR	
MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	MONTHS DAYS HOURS MIN.
Female Caucasian August 23, 1936	50 YRS.
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
/ Germany U.S.A. widowed □ DIVORCED □	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Lanham   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH ACCIUTY, GIVE STREET ADDRESS)  Doctors Hospital of Pr. Geo. Co	(176 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE)  Cafeteria Manager School System
Maryland P.G. Hyattsville 13d Inside City Limits?	13e STREET ADDRESS / ZIP CODE 7704 Emerson Road 20784
14 FATHER'S NAME FIRST MIDDLE LAST FIRST	
Josef Wich Margare	te Beck
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (Hu	sband) ADDES 04 Emerson Road
	Funkhouser Hyattsville, Md. 2078
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause last.	urfareleon Between Onset and Death
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELESTORY  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY 21c HOW INJURY OCCU	206 AUTOPSY?  YES NOTE 100 NOT
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
216 INJURY OCCURRED  WMILE NOT WHILE STREET FACTORY, OFFICE, FARM, ETC.)  210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY STATE
2201 certify that (1) (this hospital) attended the deceased from 19 sow the deceased alive an 5/3/8/7 19 and that in (my) (our) opinic above, (1) (we) (did) (did not) view the body after death.  228 SIGNATURE DEGREE	n death accurred an the date and hour and from the causes stated
Wellande no Attending Physician	MEDICAL STAFF DIRECTOR PHYSICIAN STAFF
	00 Gallant Fox Lane #126 ie, Maryland 20715
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR:	236 LOCATION CITYORTOWN COUNTY STATE
Cremation 05/09/87 Metropolitan Cremato	A1
	AY 1 4 1987 Which Davidson Manuel



FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	REG.	NO

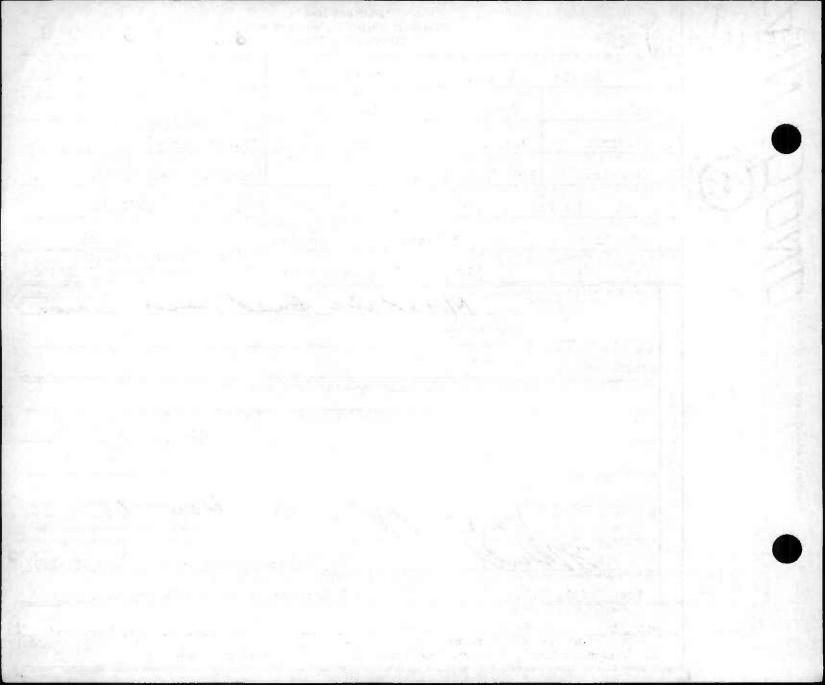
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1 2 1	0 0
1	1. DECEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR
1	(TYPE OR PRINT) Angela	М.	Ga	allo	May 24, 198	87	8:32A M
1	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
	Female	White	Feb	16, 1926 YEAR	61	YRS DAY	S HOURS MIN
1	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		
2	Pennsylvania	U.S.A.	WIDOWE		Prince Geo:	rge's	MD.
	New Carrolton	11. NAME OF HOSPITAL, N 11F NOT IN SUCH FACILITY, GIV 5704 85th Ave	NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Secretary (	WORKING LIFE) INDUSTR	OF BUSINESS OR
1	Maryland Pr G	NTY 13c. CITY O		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 5407 85th A	zip code venue/2078	4
1	14. FATHER'S NAME  John	MIDDLE RI	bidas	is. Mother's Malden Na/	ME	Gwozo	last <b>Z</b>
Ī	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	1731 Feather	rwood Stree	et
ı	(YES NO OR UNKNOWN) (IF YES, GI	112-1	6-2451	Dennis Gallo	Silver SPri	ng,Maryland	d 20904
100	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  195 CONDITION FOR V	IG TO DEATH BUT		INAL DISEASE OR COND	ITION GIVEN IN PART	
-	TIFIC			gavinens, tra-	YES NOTE	IN CERTIFYING CAUS	
	OR COLUMBIANCE CALLES OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	
	GIF ETHER NOTIFY MEDICAL EXAMINE  WHILE NOT WHILE AT WORK AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC. I	ZII LOCATION	City or fow	N COUNTY	STATE
	22a I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	1/14	_19_8 Hor	nd that in (my) (our) apinion	death accurred on the	e and hour and from t	e, that (I) (we) last he causes stated
	22b. SIGNATURE	hull		ATTENDING PHYSICIAN	MEDICAL STAFF		15 SIGNED 26, 1987
	22d. PHYSICIAL TRAME THE			22e ADDRESS			
4	Fred Smith,		Ta2	5401 Western		ington D.C	•
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1	Burial	5-27-87	Resurred	ction Cemetery	Clinton P	r. Geo. Ma	rvland

DHMH - 16 60M 7/84

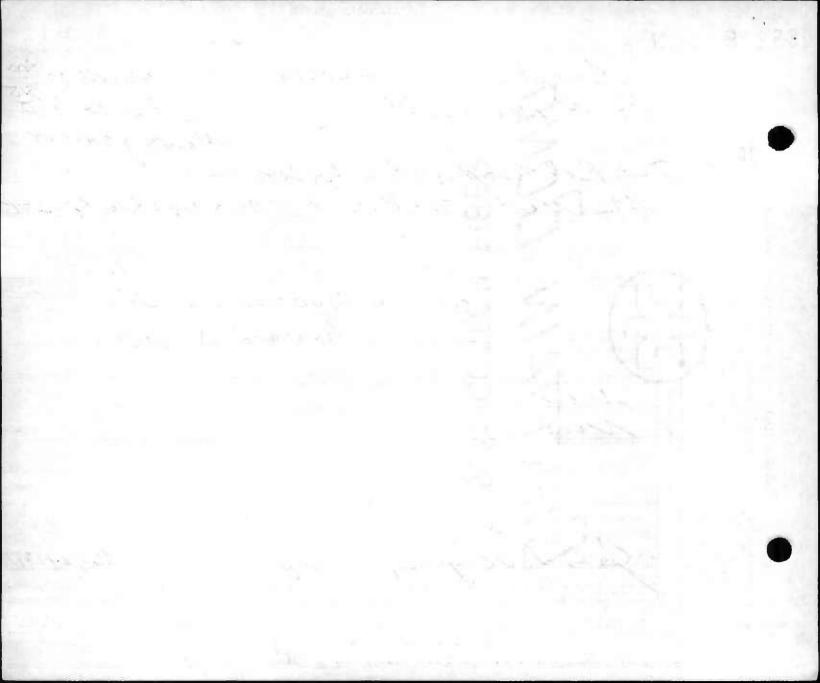
MPORTANT: If Hem 21 is marked ar TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health etained by the haspital

(VRA 15, 4)

Burial 5-27-87
Paral Director Rendon-Hale Lanham Resurrection Cemetery Clinton Pr. Geo. Maryland
Funeral Home 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGNATURE AND MAY 28 1987 9013 Annapolis Road, Lanham, Maryland



STATE OF MARYLAND



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		Party.	2
5	1	0	6
			-

-	17- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REG. NO. 15 1 0								0	2		
		CEASED NAME JOSE	∍ph Will:	iam	Garre	tt	2 <b>c</b> [	May 5, 19	987	YEAR	10:30	A C
	3 SEX	X	4 RACE		DATE OF BIRT	Н	6. AC	GE (IN YEARS LAST BIRTHO		DER : YEAR	IF UNDER 24	I HRS
		Male	White		100 H	13" 24	5	61	MONTH	DAYS	HOURS	MIN.
5	1	RTHPLACE (STATE OF FOREIGN DOWNERY)	76 CITIZEN OF WHA	٨		NEVER MARRIED		rince Geor				
1		TY OR TOWN OF DEATH	11. NAME OF HOS		IDOWED [] IOME OR OTH	DIVORCED HER INSTITUTION	N 12a	USUAL OCCUPATION FOR WORK FOR MOST OF W Plumbing	1 12	L KIND OF	BUSINES OVt-	S OR
1	13a. S	AL RESIDENCE (IF NURSING HOAD) TATE Md. 136.CF	ne or other institution, give ounty rince George	RESIDENCE BEFORE ADM CITY OF TOWN Beltsvi	lle   13d. II	-	-	SIREET ADDRESS / Z				
20	FA FA	John	MIDDLE.	Garrett	fs. M	Lillie	EN NAME	WIDDLE	Bar	teau		
,	16a V	VAS DECEASED EVER IN U.S		SOCIAL SECURITY	the state of the s	ermant cile Ga	rrett	same as #				
()	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION	DUE TO, OR AS  (c)  NT CONDITIONS CONT	A CONSEQUENCE	E OF			Do AUTOPSY? 2	ION GIVEN IN	RE FINDING	GS USED	
_	ERTIFI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN	HIPY	1214	HOW IN IURY O		ES NO	YES 🗌		NO [	
-	AL C	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M.		YEAR	NOW INSORT O	. CCOKKED	ENTER NATURE OF INJURY	NIIEM IS PARITI	DRPARTZ)		
	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY OFFICE FARM		OCATION STREET		CITY OR TOWN		COUNTY	SIA	CTE .
				198-	Z, and that	, 19 in (my) (our) or	36 pinion death	occurred on the date	and hour and		hot (f) (we ouses state	
		276 SIGNATURE	himae	am	DEGRE	ATTENDE PHYSICI		EDICAL STAFF RECTOR PHYSICIA	и 🗆 📗	5 5 5	8	Z
		Aron Primac			10			N.W. Was	hingtor	ı DC		
		BURIAL, CREMATION, REMO (SPECIFY) Cremation		Metr Metr	opolit	ery or cremat an	ORY 2	Alexandri	a Fairf	ax Vi	irgim	īa
	D <sub>O</sub>	uneral dirictor Borgw	ardt 4400 F	owders Mil Ville Md	L1 Rd. 20705	25	MAY	D. BY REGISTRAR 250	11 0 -	SSIGNATU		44.

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or Hem 18 shows ony injury, or other troumotic event, th

MPORTANT: If Item 21 is

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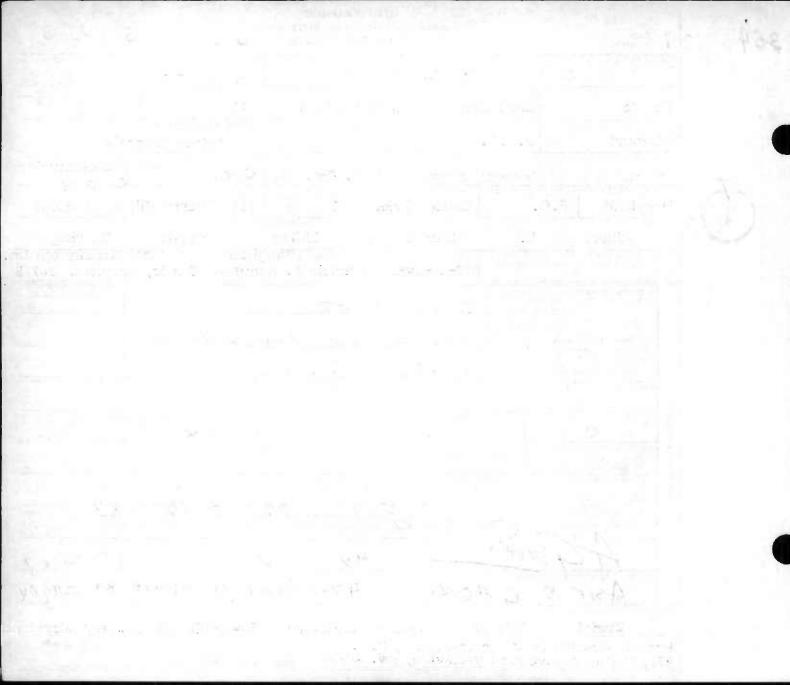
1201	aurs ofter deoth	stely lined by the tunero
RE, MARYLAND	recuted within 24 h	d com (alo) tilled
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death entained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physical and can fully find to the fundament should be detached for use as the burnal-tronsit permit. Then please remove carbon pagett. Factor as the burnal-tronsit permit. Then please remove carbon pagett. Factor as the burnal thy giene prior to burnal, cremation, or removal.
DS, 201 W. PREST	quires that the dea	signed by the otte hen please remove o burial, cremation
OF VITAL RECORI	ICIAN: The low red g physicion.	ertificate hos been ial-tronsit permit. Il ntal Hygiene prior t
NOISINIG	ATTENDING PHYSIspital or attending	CTOR After this call for use as the burn of Health and Me
	O HOSPITAL OR ATTENDING PHYSICIAN: The letained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	REG. NO.	5 !	0 3
I DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
	JUANI		MYRTLE	GAUL		May 16	, 1987		3:35P M
Female		4. RACE Caucas		S. DATE O	19, DAY 1924 YEAR	6 AGE LINYEAR	YRS		IF UNDER 24 HRS HOURS MIN.
76. BIRTHPLACE (ST	ATE OR FOREIGN	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED		ince Geo		MD.
Lanham  USUAL RESIDENCE		Doctors	Hospita	al of	Pr. Geo. Co.	Clerk	CUPATION DR MOST OF WORKING	Comp	facturing
Maryland	P.G		College		13d. INSIDE CITY LIMITS? YES NO		herry H		
14 FATHER'S NAME	ert	MODIE	Hőbac	k	15. MOTHER'S MAIDEN NAM		Myrtle		ring
NO WAS DECEASED	EVER IN U.S. AR	F 1444 D OD D 1 1864	166 SOCIAL SECUI 488-28-24		Patricia A. H	ghter) endren		116 Kens Marylar	
18 CAUSE OF PART I. DE		lly one couse per D BY: E CAUSE (o)	Brain	dico 7	A +17			BETWEEN	ONSET AND DEATH
PART 2 OTHE	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CO			xt	anemy S NOT RELATED TO THE FERM	INAL DISEASE C	or condition c	GIVEN IN PART I	0
190 DATE OF OPERATION 196 CONDI									
151	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	INCER	YES, WERE FINDII TIFYING CAUSES YES []	OF DEATH?
On doughouse	VAS UNDERLYING C	21b. TIME O HOUR A.	F INJURY M. MONTH DA	AY YEAR	N WAS PERFORMED	YES 🗆 N	IN CER	TIFYING CAUSES YES []	NGS USED S OF DEATH?
OR CONTRIBUTION (IF EITHER NOTE 21d INJURY O	VAS UNDERLYING COME CONTROL CO	21b. TIME O HOUR A.	FINJURY M. MONTH DA M.	YEAR		YES NED (ENTER NATUS	IN CER	TIFYING CAUSES YES []	OF DEATH?
OR CONTRIBUTION (IF EITHER NOTI 21d INJURY O WHILE AT WORK 22e I certify ! sow the c	VAS UNDERLYING COME CONTROL CO	21b. TIME O HOUR A. P. 21e PLACE (AT HOME, 516	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR	YES   NED (ENTER NATUR	IN CER  NO K IN CER  THE OF INJURY IN ITEM I	TIFYING CAUSES YES	STATE that (I) (we) last
OR CONTRIBUTION (IF EITHER NOTE 21d INJURY O WHILE AT WORK 220 I certify !	VAS UNDERLYING COME CAUSE OF DEA	21b. TIME O HOUR A. P. 21e PLACE (AT HOME, 516	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	YEAR 19 ARM, ETC)	21c. HOW INJURY OCCURR 211 LOCATION STREET  19 10 that in (my) (our) opinion of	YES   NED (ENTER NATUR	IN CER  IN CER  IN CER  IT OR TOWN  On the date and h	COUNTY	STATE
OR CONTRIBUTION (IF EITHER NOTI 21d INJURY O WHILE AT WORK  220 I certify t sow the c above [1]	VAS UNDERLYING COME CAUSE OF DEA	21b. TIME O HOUR A. P. 21e PLACE (A1 HOME, STE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	YEAR 19 ARM, ETC)	21c. HOW INJURY OCCURR 211 LOCATION STREET  19 10 that in (my) (our) opinion of	YES DED (ENTER NATUR	IN CER  IN CER  IN CER  IT OR TOWN  On the date and h	COUNTY	STATE that (I) (we) last causes stated
OR CONTRIBUTION (IF EITHER NOTI 21d INJURY O WHILE AT WORK  220 I certify t sow the c above [1]	COURED  NOT WHITE AT THE HOLD	21b. TIME O HOUR A. P. 21e PLACE (AI HOME, S16 tol) attended th	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA  Be deceosed from 5 - 15 19  after death  19  23c N	Y YEAR 19 ARM, ETC)	21c. HOW INJURY OCCURR 211 LOCATION STREET  19 10 that in (my) (our) opinion of the company of t	YES DED (ENTER NATUR	IN CER  IN CER	COUNTY	state  that (I) (we) last recuses stated  SIGNED  Collegay  STATE

CTATE OF MADVIAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires

retained by the hospital or attending physician.

BP.

the filled in by the funeral director, page 3 ingold be filed within 72 hours after death

within 24 hours ofter death. Page 4 may be

# STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	5	1 0	9,0
1	REG. NO.			

101	REGISTRAR						REG. I			
I DE	ECEASED NAME PE OR PRINTS	LEV!		G	LOVER	AST	2a DATE OF DEATH	05-09-	-87	3.00P
3 SE	Male		RACE Vegro		5. DATE O	ber 1 <sup>9</sup> 1,1943 <sup>vear</sup>	6 AGE (IN YEARS LAST B		FUNDER I YEAR	HOURS /
	SIRTHPLACE (STATE OR F		U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIORCED	PRINCE GE		OF DEATH	
C	CHEVERLY		PRINCE	"GEORGES"	MOSPI	TAL CENTER	12a USUAL OCCUPA (TYPE OF WORK FOR MOST TitleSeater		126. KIND (	Company
Ma	JAL RESIDENCE (IF NURS STATE BLYLAND	136 COUNT		GIVE RESIDENCE BEFORE 136 CITY OR TOWN Capital He	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 208 Daimle	ZIP CODE	2	074
	ather's NAME Parfield	M	IDDLE	Glover		15. MOTHER'S MAIDEN NA LOUISE	AME		Fletď	
1	WAS DECEASED EVER (YES, NO OR UNKNOWN)		NED FORCES?	navailable		17 INFORMANT Rhonda E.Tucker,	Daughter, 208		itol He: Street,	ights,Mo
1										
Z	Conditions, if ony, gave rise to imm cause (a), statin underlying couse	mediate ng the last	DUE TO, OF		NCE OF	Aspiret		CUM ON I		0
TIFICATION	Conditions, if ony, gove rise to imm cause (o), statin underlying cause	mediate mg the last	DUE TO, OF	Hypo kula RAS A CONSEQUE DIE ST FIS DITRIBUTING TO D	NCE OF			NDITION GIVE	WERE FIND	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), storin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDIC  21d. INJURY OCCURE	mediate ng the lost lost NIFICANT CO AP O TION  DERLYING CAUSE OF DEATH COLLEXAMINER) RED	DUE TO, OR  ONDITIONS CC  A b u S  196 CONDI  216 TIME O  HOUR A./	Hypokula.  R AS A CONSEQUE  DIA ST TS  DATRIBUTING TO D  TO  TION FOR WHICH  FINJURY  M. MONTH DA	NCE OF  EATH BUT  OPERATION  Y YEAR  19	NOT RELATED TO THE TERM	MINAL DISEASE OR CO  20€ AUTOPSY?  YES □ NO 2	206 IF YES, IN CERTIFY YES	WERE FIND	NGS USED S OF DEATH!
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), storin underlying cause  PART 2 OTHER SIGN  F HA  19a DATE OF OPERAL  21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY MEDIC	mediate my the model to the mod	DUE TO, OR  (c)  DNDITIONS CO  A 5 4 5  196 CONDI  216 TIME O  HOUR A/  216 PLACE  (AT HOME STR	Hypo kuld.  R AS A CONSEQUE  DIE ST FIS  NTRIBUTING TO D  TION FOR WHICH I  FINJURY M. MONTH DA  M.  P deceosed from  The deceosed from	NCE OF  EATH BUT  OPERATION  Y YEAR  19  IRM EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19.87  and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN.  CITY OR 1  death occurred on the	206 IF YES, IN CERTIFY YES JURY IN ITEM 18. PA	WERE FIND (MING CAUSE)  COUNTY  19 77 ond from the	NGS USED S OF DEATH!
MEDICAL	Conditions, if ony, gove rise to imm cause (o.), storin underlying cause  PART 2 OTHER SIGN  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNE OR CONTRIBUTING CURF WHILE NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOTIFY MEDIC 22a. I certify that (1) sow the decess obove. (Thewe) (c)	mediate  med	DUE TO, OF  (c)  DNDITIONS CO  196 CONDI  196 CONDI  216 TIME O HOUR A./ P./  21e PLACE ( (AT HOME STR  view the body.)	Hypokula.  RAS A CONSEQUE  SIND FOR WHICH OF  TION	NCE OF  EATH BUT  OPERATION  Y YEAR  19  ORM. EIC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19.87  and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? YES NOP RRED (ENTER NATURE OF IM. CITYOR) deoth occurred on the	206 IF YES, IN CERTIFY YES JURY IN ITEM 18. PA	WERE FIND (MING CAUSE)  COUNTY  19 77 ond from the	NGS USED S OF DEATH? NO   that (I) (we'c couses state

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physishould be detached for use as the buriol-tronsit permit. Then please remove carbon powint the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remover

(VRA 15, 4)

W.H. Bacon Funeral Home Inc.

3447-14th Street. N.W.

MAY 1 1 1987

Julia Devidor . Kandall

052781

director, page 3

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MENTAL HYGI	IENE / REG. NO	1 5	1 (	) 5
		EASED NAME FIRST	M	NDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Titre	JESSE		E	GOO	DDING		MAY 2	87	5.06 am
	3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	Mal	.e	Black	A. 1140 C.	Mar	ch 19, 1936	51	YRS.		NIC.
1		RTHPLACE (STATE OR FOREIGN OUNTRY) Carolina	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOWE	D KNEVER MARRIED D	Prince (	_		MD.
2	Can	y or town of DEATH  TO Springs	Malcol	m Grow H	Öspit	al AAFB	Masonary E		17b. KIND O INDUSTRY COINS	truction
1		L RESIDENCE (IF NURSING HOME OF TATE 136 POL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE MOTHINGS		130. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / 4108 Skyli		<i>r</i> e 207	45
A.		THER'S NAME Harrison	MIDDLE	Gooding		Rosalees	MIDDLE MIDDLE		Bur	hey
-		AS DECEASED EVER IN U.S. A	RMED FORCES?	578-56-1		Adrienne E. (	Gooding Sai		13 A-E	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	ATE CAUSE O	HEART FA	NCE OF	METHBOUC ACIDA PPER GI BLEED			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES		NGS USED OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART	T I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC	21f. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
		220 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	n	19	. 0	nd that in (my) (our) apinion o	, to death occurred on the do		and from the	
		276. SIGNATURE Neil	Defaul	_			MEDICAL STAI DIRECTOR   PHYSIC	F IAN []	221. DATE	SIGNED TA487
		120 PHYSICIAN'S NAME (TYRE	ORPRINT)  BACH			MGMC	AAFB,	MO	203	31
		URIAL, CREMATION, REMOVA	23b. DATE 05/04/			rematory	Clinton,	Prince	e Geor	ge's Md.

BP. DHMH - 16 60M 7/B4 (VRA 15, 4) 6633

should be detoched for use as with the State Dept. of Health

IMPORTANT: If them 21 is

etoined by the hospital ar TO FUNERAL DIRECTOR.

TO HOSPITAL OR

After this certificate has been signed by the attendi os the buriol-transit permit. Then please remove a lith and Mental Hygiene prior to burial, cremation,

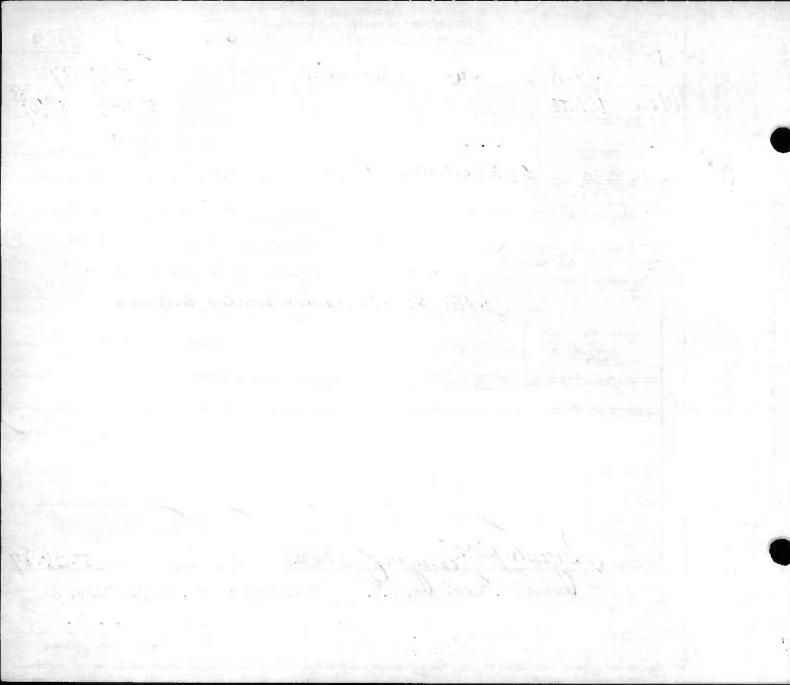
Old Alexander Ferry Rd Clinton, Md 20735

Clinton, Prince George's Md. Julia Divideon Rudale

MAY YEAR - MANAGEMENT

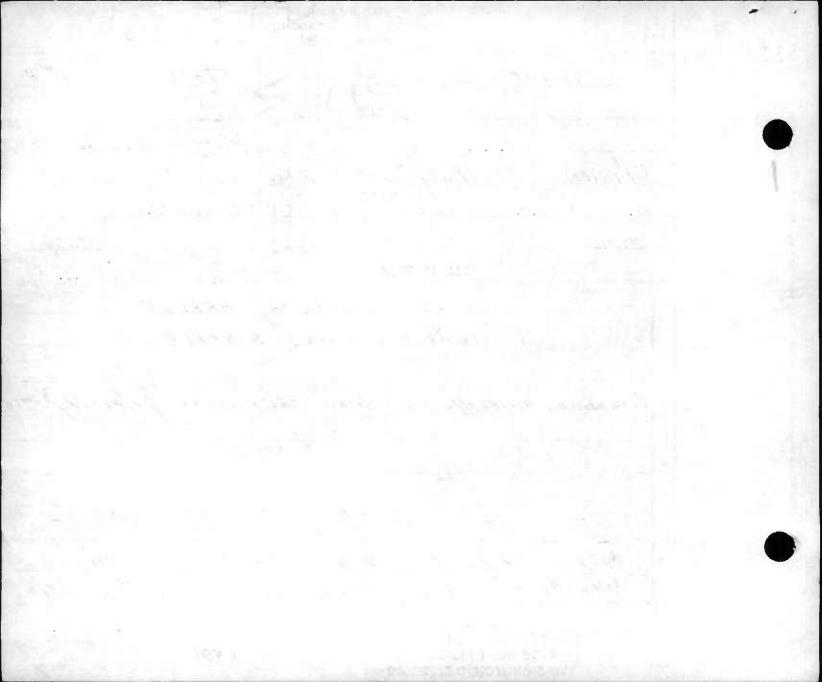
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Goodwin Jackie UNERAL DIRECTOR.
5. FOR YOUR FILES.
WITHIN 72 HOURS
A PRESTON STREET, QY DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE HTHOM LAST BIRTHDAY DAY PRONOUNCED 08/15/27 59 DEAD 9. BALTIMORE CITY OR COUNTY OF DEA b. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Prince George's U.S.A. Ind. 126 KICO/Owner HEICITY OR TOWN OF DEATH ET NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! AutoDealer Tommy Inc Temple Hills 13d INSIDE CITY LIMITS? 136. COUNTY 6935 Allentown Rd 20748 Temple Hills YES XX NO Prince Georges Maryland BALTIMORE MD. I. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dubois MIDDLE Goodwin Dessie Merlin 17. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** IT. PAGES 1 DIVISION ( 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YIV HOSOR UNKNOWN) 1943~1966 Katherine Goodwin 309-20-8912 Same as 13 A-E CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). The selevatu CardroVescula descore BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL. EXAMINER ALONG
AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSI DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 2D AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [] NO A 210 EXTERNAL CAUSE WAS 2Th TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME III. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remain described above, held an Autopsy Inspection Hamicide \_\_\_\_\_\_\_ Undetermined manner death resulted fram: Natural causes Accident Deputy ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez. M.D. \_ADDRESS 5009 Rayburn Ct , Temple Hills. MD (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial P.G. Md. Cheltenham Maryland Veterans Cemetery 06/02/87 07/84 25M 24 FUNERAL DIRECTOR Lee Funeral Home, 256 REGISTARIO SIGNATURE Old Alexander Ferry Rd Clinton, Md 20735

STATE OF MARYLAND

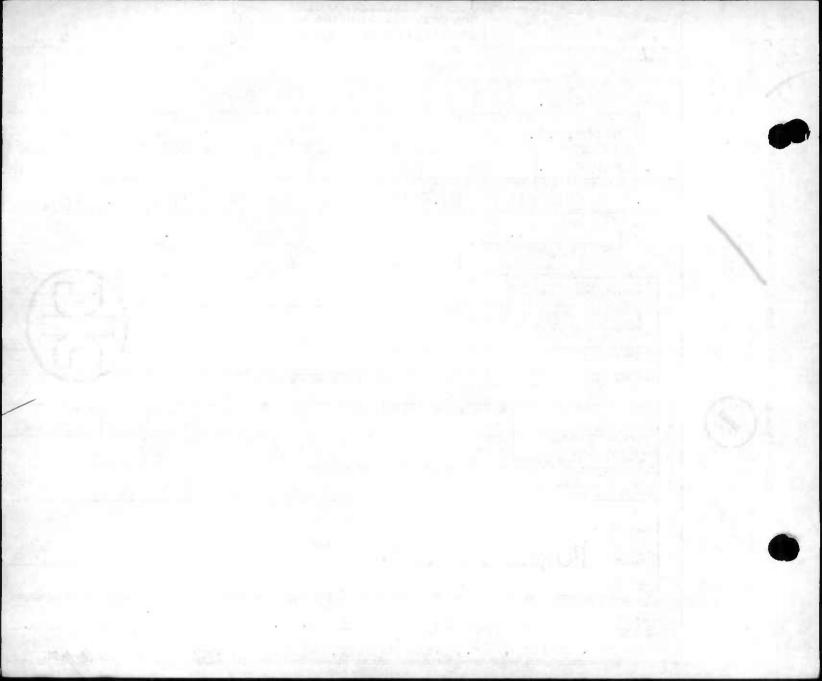


WASHINGTON, D.C. 20019

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. L.DECEASED NAME TO DATE KNOWN XT (THIPE OR PRINT) ESTI-DEATH MATED - 5-28-8719 **JAMES** MICHAEL **GOWIN** 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED Cauc. Male 10 34 DEAD 5-28-87 19 3:45PA a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TNEVER MARRIED Washington, D.C USA Prince George's County DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Pr. George & P Tele. Rt. 202 at White House Road Engineer UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE (ITY LIMITS) 13e STREET ADDRESS 2421 Gillis Rd. 21771 30 STATE Carroll ATHER'S NAME 15 MOTHER'S MAIDEN NAME John GOWIN Edith MIDDLE Despre 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS I IF YES, GIVE WAR OR DATES 220-56-2918 Susan Gowin 13 e na 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Compression injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULL BAFTER DÉATH, WITH THE STATE DÉPARTIM BAJTIMORE, MARYJAND, 21201 PRIOR TO ELL 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) passenger in an auto which was struck by a trash truck pinning subject in auto UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Rt. 202 and White House Rd. Prince George TALE WHILE NOT WHILE X hawy. 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident K Suicide Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 5-29-87 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Pern Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 136 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Taylorsville U. Taylorsville Carroll 07/84 412 Washington Road 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Röbert K. Pritts, Sr., Westminster, MP .:UN (VR A15 ME (5))



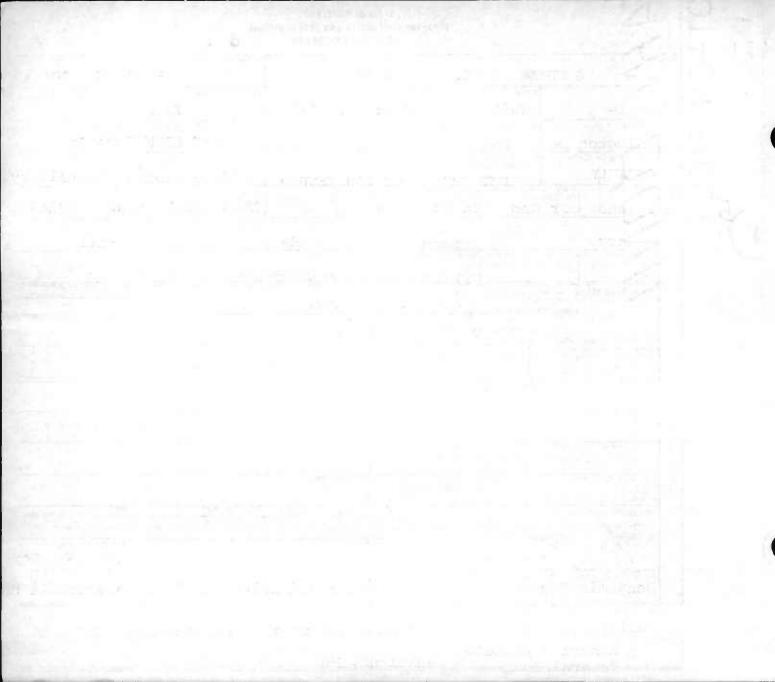
DHMH - 16 60M 7/84

(VRA 15, 4)

Funeral Home

	,	FOR STATE			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE	Label &	a 1º		0.0
1111	00	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	1 5		0 9
L i		CEASED NAME	FIRST		WIDDLE		AS1	20 DATE O	F DEATH MO	NTH DAY	YEAR	26 HOUR
			ERTRU		C.	GR	AY		0	5 21	87	9PM M
	3. SE	Х		4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHD.	ALCON.	NDER I YEAR	IF UNDER 24 HRS
230		Female		White		Tune	29, 1911			YRS		
ofance	Wa	IRTHPLACE (STATE OR FOI COUNTRY) A Shington	DC	N. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED DIVORCED		INCE GE			TY MD.
24	10 CITY OR TOWN OF DEATH  CHEVERLY  11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PRINCE GEORGES HOSPI  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			TYPE OF WOR	OCCUPATION  REFORMOST OF WI	ORKING LIFE)	NDUSTRY	stillery				
35	Ma	aryland	3P CON	OTHER INSTITUTION TY Geo	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Capitol	N	13d INSIDE CITY LIMITS? YES NO		ADDRESS / Z Brook	S Roa	ad	20743
4	14 FA	ATHER'S NAME FIRST Harry	A	AIDDLE	Howard		15. MOTHER'S MAIDEN NA/ FIRST Ada	ME	MIODLE		Hal	,,
0 1		WAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		IIU.L.	
med	- {	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	577-16-	1610	Rita C Ort	man	Sar	ne as	#13	
any injury, or other troumotic e	CERTIFICATION	Canditions, if any, a gave rise to imme couse (a), stating underlying cause	which diate the last	DUE TO, 9		NCE OF	Cake Pan NOT RELATED TO THE TERM		OPSY? 2	b. IF YES, WI	RE FINDI	NGS USED
/	TIF							YES 🗌	NO	YES _	]	OF DEATH?
9	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEAT	21b. TIME O HOUR A. P. 21e. PLACE	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NA	ATURE OF INJURY IN	ITEM 18 PART I	ORPART 2]	
cette	ME	WHILE NOT WHILE		OME, STI	REET, FACTORY, OFFICE, F.	ARM ETC )	STREET		CITY OR TOWN		COUNTY	STATE
PORTANT: If Hem 21 is mort		270. I certify that (I) (t saw the secessed obove 1) (we) (dic 27b. SIGNATURE 22d. PHYSICIAN'S NAM Benjamin	AE (TW) OR	Del (	ofter death. 19		d that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN 1220 ADDRESS 6106 Old S.	MEDICAL DIRECTOR	STAFF PHYSICIAN	4 🗆	22c. DATE	32, 1987
¥ /	230 5	BURIAL, CREMATION, RE				IAME OF C						
	(	Burial, CREMATION, RE SPECIFY) Burial UNERAL DIRECTOR	JAVOM	23b. DATE 26May			EMETERY OR CREMATORY  LY Episcopa	L F	ortown	ille	UNIV P	
7/84	24 F	NAME Rober	t E	Wilhe		i+lar	ad. Md	AY 2 7	1987	WEGISTRAR	SSIGNAT	URE

Suitland, Md



may be

by the funeral director page 3 filed within 72 hours after death

	STATE OF MARYLAI
	DEPARTMENT OF HEALTH AND M

8	TREG. N	10.	5	1	10	)
ATE	OF DEATH	HINOM	DAY	YEAR	7h HOUR of	i

			STATE OF MARYLAND						
1.4	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL H		200 A A A				
11	REGISTRAR		CERTIFICATE OF DEATH	8 7 <sub>REG NO</sub> 1	5 1 1 0				
1. D	ECEASED ANEK / A ME	ry Frances Har	ris Bowen Grav	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR W				
(14)	PE OR PRINT) Maru		00011	5	20 87 101.				
3. SI		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
6	emale		MONTH DAY YEAR		MONTHS DATE HOURS MIN.				
	BIRTHPLACE (STATE OR FOREIGN	Caucasian  75 CITIZEN OF WHAT COUNTRY?	Jan. 15, 1902	85 YRS					
1 .	COUNTRY		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	IT OF DEATH				
	irqinia	U.S.A.	WIDOWED DIVORCED		FOR BES CO MO				
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
	CLINTON	SO. MANYIAN	1/2.2	HOMEMAKET	Dwn Home				
USU	UAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE REPUBLICE BEFOR	E ADMISSION)	1					
	Md. Pr.	George Aquasc		21116 Aquas	o Rd. 20608				
	FATHER'S NAME		15. MOTHER'S MAIDEN N		30 1124 20000				
B	eorge Hai	rold Harri	FIRST	WIDDLE	Seals				
-	WAS DECEASED EVER IN U.S. AI		3	ADDRESS7					
100		VE WAR OR DATEST		2	Lancer Dr.				
	11/0	214-24-	8954A. Betty M	. Collins, Cha	erlotte, N.C.				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST		dict A A A	t .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		TE CAUSE (0) Ventre	cular farilla	llon					
		DUE TO, OR ABA CONSEQU	ENICE OF A	11					
	Conditions, if ony, which	( (6)	lue heart to	ellero					
	gove rise to immediate couse (a), stating the								
	underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF						
	DART 2 OTHER SIGNIES AND	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
Z	THE STATE OF THE STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of								
CERTIFICATION	19a DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? ZOB IF	UES MEDIT EN ION ION				
FIC	THE DATE OF OPERATION	198 CONDITION FOR WHICH	OFERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?				
E				YES NO	YES NO				
	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCU	DDEC (					
1 2		ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART ( OR PART 2)				
Ü	(IF EITHER NOTIFY MEDICAL EXAMINE	A (1)	AY YEAR	KRED (ENTER NATURE OF IMJURY IN ITEM I	8 PART ( OR PART 2)				
4EDICA	216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION						
MEDICAL	216 INJURY OCCURRED	R) P.M.	19 211 LOCATION	CITY OR TOWN					
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE F	AY YEAR 19 211 LOCATION STREET	CITY OR TOWN  5/20	COUNTY STATE				
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. I certify that (I) (this hosp sow the deceased alive or	P.M.  21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE F	AY YEAR 19 211 LOCATION STREET	CITY OR TOWN  5/20	COUNTY STATE				
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MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  120 I certify that (I) (this hosp sow the decosed alive or above, (If pres) (did) (did not	P.M.  21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE F	ARM. ETC.)  211. LOCATION STREET  19  211. LOCATION STREET  DEGREE ATTENDING	to 5/20  n death accurred on the date and h	COUNTY STATE  , 19 , that (1) (we) lost our and from the causes stated				
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	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AL WORK NOT WHILE AL W	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F  (Ital) ottended the deceosed from  Triview (the body offer death.)  PRINT)	APM ETC.)  211 LOCATION STREET  APM ETC.)  211 LOCATION STREET  19  ATTENDING PHYSICIAN  22e ADDRESS  ASSOLUTION  220 ADD	CITY OR TOWN  To 5 20  In death accurred on the date and has been staff and been	COUNTY STATE  , 19 , that (1) (we) lost our and from the causes stated				
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230	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE ALL WORK  22d Leerlify that (I) (this hosp sow the deceased alive or above, (I) me) (did) (did not 22h. SIGNATURE)  22d PHYSICIAN'S NAME VYPE (SPECIFY)  BURIAL, CREMATION, REMOVAL (SPECIFY)	P.M.  21e. PLACE OF INJURY (A1 HOME STREET FACTORY, OFFICE F  itol) ottended the deceosed from  DI view the body ofter death.  PRINT]  23b. DATE  23c.	APM ETC.)  211 LOCATION STREET  APM ETC.)  211 LOCATION STREET  19  ATTENDING PHYSICIAN  22e ADDRESS  ASSOLUTION  220 ADD	CITY OR TOWN  TO 5 20  In death accurred on the date and has been declared by the date and has been declared by the date of th	COUNTY STATE  , 19 , that (1) (we) lost our and from the causes stated				
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23a	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22d, certify that (I) (this hosp sow the deceased alive or obove, (II/me) (did) (did not 22b, SIGNATURE)  22d PHYSICIAN'S NAME YER  22d PHYSICIAN'S NAME YER  (SPECIFY)  BURIAL, CREMATION, REMOVAL  (SPECIFY)  BURIAL  FUNERAL DIRECTOR	P.M.  21e. PLACE OF INJURY (A1 HOME STREET FACTORY, OFFICE F  itol) ottended the deceosed from  DI view the body ofter death.  PRINT]  23b. DATE  23c.	APM EIC)  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 ADDRESS ATTENDING PHYSICIAN  216 ADDRESS  NAME OF CEMETERY OR CREMATORY STREET  218 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  218 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  219 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  210 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  211 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  212 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  213 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  214 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  215 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  216 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  217 ADDRESS PAME OF CEMETERY OR CREMATORY STREET  218 ADDRESS PAME OF CEMETERY STREET  218 ADDRESS PAME OF CEMETER  218 ADDRESS PAME	CITY OR TOWN  10 5 720  In death accurred on the date and has been declared by the date of	COUNTY STATE  19.87, that (I) (we) lost our and from the causes stated  22c. DAE SIGNED  19.5 M  CINTAIN STATE  COUNTY STATE  COUNTY STATE				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this centificate has been signed by the ottending physishould be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayor

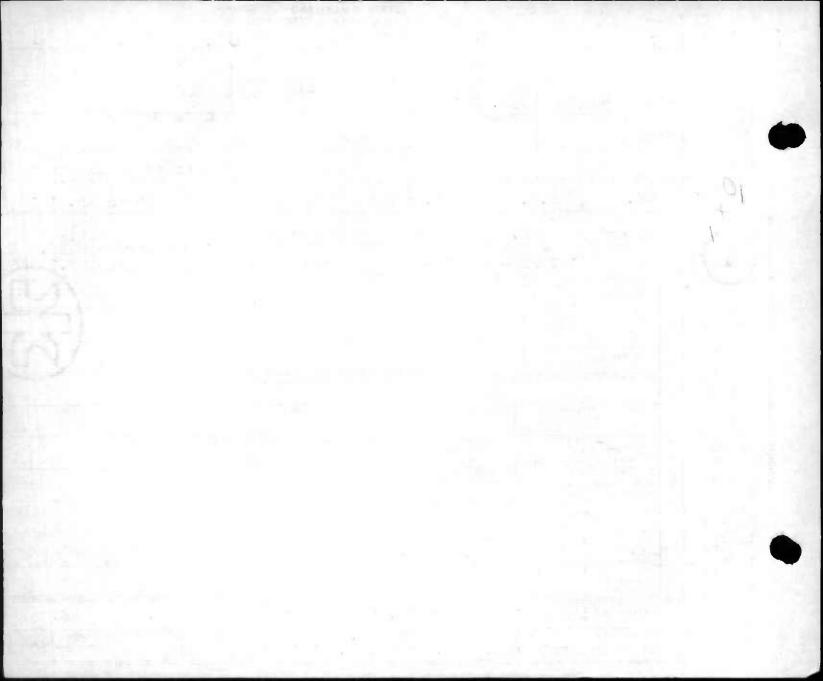
IMPORTANT: If them 21 is marked or them 18 sham any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical retained by the haspital or attending physician.

TAOL TO BE Cautestan a a c. 15, 1500 - ns FIRST TA and the state of t BRADS . BR OF HILLS PETER depres navold Herels water .I.W., waterie and antifer. water, water, M.D. during the contract of the con nunct Eumarel Hamme weldorf, its 20001 .

הסננו גם דווירה זינ איסיוב, ווופ.

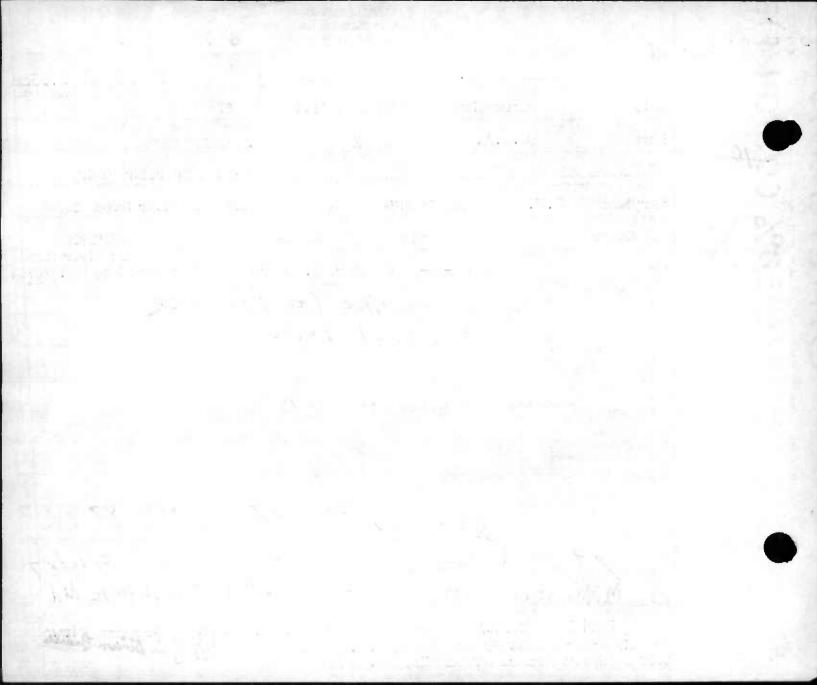
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 20. DATE OF DEATH JOHN J. GUERTIN 87 4 RACE 5. DATE OF BIRTH 3. SEX Male Caucasian March 2, 1900 TEAR 87 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED lowa U.S.A. PRINCE GEORGES COUNTY CITY OR TOWN OF DEATH Machine Operator HERN MARYLAND HOSPITAL CLINTON MD 1211 West River Road 20764 Shady Side Maryland 15. MOTHER'S MAIDEN NAME Edgar Guertin O'Brian Agnes DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO. ADD 211 West River Road 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NOS, NO OR UNKNOWN Jack D. Guertin (Son) Shady Side, Md. 20764 482-05-8216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse loi, stoting the OR AS A CONSEQUENCE O underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2 80 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) TH. LOCATION CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the book after de 226. SIGNATURE DEGREE 22¢ DATE SIGNED Burial 06/28/87 Holmon Township Cem Sibley Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 1/81

4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)



TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please ritilities with the State Dept. of Health and Mental Hygiene prior to burial, cremit

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

1			TE OF MARYLAND		
11	FOR - STATE		HEALTH AND MENTAL HY	GIENE O "7"	200 /
F.	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	5 1 1 6
	ECEASED NAME PIRST	MIDDLE	(AST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
17	PE OR PRINT) BESSI	E'e GERTRUDE Gug	WY	5	16-87 32
3. SI	EX		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	Female	Caucasian /2		24	MONTHS DAYS HOURS
70. E	BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY? 8	_	9 BALTIMORE CITY OR COUNT	TY OF DEATH
M	COUNTRY)		ED NEVER MARRIED	PR. Georg	
_	aryland	U.S.A. WIDOW		120 USUAL OCCUPATION	126 KIND OF BUSINESS
	01 . 0	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	L#E) INDUSTRY
LIST	MINTON MYC	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	Cen.	Housewife	Home
13a	STATE 136 COUN	NTY 136 CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 63 70
	aryland Pr.	Geo.   Clinton	YES NXX	9103 Susan L	n./20735
14. F		MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	John	Padgett	U	navailable	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	(YES NO OR UNKNOWN) (IF YES GIV	217-98-697	6 Betty An	n Jameson -S	ame as #13-
NTION	Madesch	CONDITIONS CONTRIBUTING TO DEATH BU		MINAL DISEASE OR CONDITION G	
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH (ES NO NO
	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
CAL	OR CONTRIBUTING . CAUSE OF DEA				
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STAT
5	AT WORK NOT WHILE	TOTAL STREET PACTORY OFFICE PARM ETC)			
1		ottended the deseased fram	26/8/19		. 198 . that (I) (
1	saw the deceased alive on above, (I) (wa) (did no	4/25 19 87 of the body after death.	and that in (my) apinion	death occurred on the date and ha	our and from the couses state
	226 SIGNATURE	Main	M. D ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	SILGIF7
1	224. PHYSICIAN'S NAME (TYPE C	R PRINT}	22e ADDRESS		1-1/
	Venkat N	lani. M.D.	8921-11100	sdyard Rd., C	linton MA
23n	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	IN LOCATION	milion, rea
1	(SPECIFY)			CITY OR TOWN	COUNTY STAT
74 F	Burial			m   Arlington.	Arlington,
1	untt Funeral	P. O. Box	720	MAY 1 8 1987	when Devideon Pon
	ant t I unerat	Home Waldorf, M	7 20601		

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		1					OF MARYLAND			
			FOR STATE		DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH	8 7	1 5	1 1 5
211	JUII -	- Common	REGISTRAR CEASED NAME FIRST		MIDDLE	(/	IST STATE	REG. NO.  20 DATE OF DEATH MON	TH DAY YE	EAR 26 HOUR
2 25		ETY	JOSE JOSE	PH	H	acke	RSON	05	22 8	7 1:40 %
100		1.58		4 RACE		5 DATE O	F BIRTH	& AGE (IN YEARS LAST BIRTHDAY		TYEAR IF UNDER 74 HRS
age of	-	1	MALE	BLACI		NOV	. 6, 1908	78	YRS	
	26	1	IRTHPLACE   STATE OR FOREIGN COUNTRY) MARYLAND	UNITED	STATES	WIDOWE	Land Control		earges (	County MD
to other	86	1	LINTON	South	ERN MAR	Y/AND	HOSPITAL	TET IRED	RKING LIFET INDUS	OVERNMENT
1 0	2	13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC MARYLAND CH	OR OTHER INSTITUTION DUNTY	13c CITY OR TOW PISGAH	ADMISSION)	13d Inside City Limits?	ROUTE 1 Box	141/ 20	0640
	080	P	ATHER'S NAME GEORGE	MIDDLE	HACKERS	ON	MARY	WE	UNK	KNÖWN
1	1	160	YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES!	215-44-		Melvin Hacke	rson Vienna,	cock Roa	ad a 22180
cone b	0		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one couse per JSED BY	r line for (a), (b), any	Des a	redown of	ilan	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
d du			IMMED	INTE CHOOL (O)		,				
deoth offered	1 1		Canditions, if any, which	DUE TO, O	Crosseque	UC }	decid fa	ilmi		
10 for	offer to		gove rise to immediate couse (a, stating the underlying cause lost	DUE 10, 0	RAS A PONSEQUE	NCE OF	Heart	Dooes		
1	1	NOI	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PA	RT Ira
1	17	THE	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED		IF YES, WERE F CERTIFYING CA YES	INDINGS USED AUSES OF DEATH?
g physic settless	6	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTHED	YEAR	21c. HOW INJURY OCCUR	RED GENTER NATURE OF INJURY IN I	TEM IS PART I OR PA	RT 2)
offerding the this of	ond w	MEDICAL	21d INJURY OF CURRED  WHILE NOW HALE AT WORK AT WORK	21e PLACE	DE INJURY	ARM ETC )	211 LOCATION STREET	A CITY OR TOWN	COUN	NTY STATE
pend or	21 H PE		27a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	on Cal	19	\$7. on	d that in (my) (our) apınıan	death occurred an the date o	nd haur and from	/ /
A DRE	T. If Rem		22b. SIGNATURE PAI	n()		mi	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIAN		- 27. 87
HOSPET PAGE BY	T AND THE SE		Phony Y	PE OR PRINT Fac	tul		616 Charl	sa. lopli	ato m	11 D 20646
54 54	3 3	23a	BURIAL, CREMATION, REMOV	'AL 236. DATE			EMETERY OR CREMATORY	73d LOCATION CITY OR TOWN	COUNTY	STATE
BP	-	74	BURIAL UNERAL DIRECTOR	MAY 3	0, '87 ST	. CHA		GLYMONT E REC'D. BY REGISTRAR 256	CHARI	
DHMH - 16 50 (VRA 15			THORNTON FUNI	ERAL HOME	ADDRESS P	OMONK	EY, MD.	A PROPERTY AND A SECOND	Dender	COLUMN TO A STATE OF THE STATE

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	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 7	EG. NO.	5	-	1 4	5
8		CEASED NAME FIRST OR PRINT)  DR. D	ORIS ELLA		IADARY		MAY 27		DAY	YEAR	26 HOU	ham
-	3. SE2		4 RACE	5. DATE O			AGE (IN YEARS	1987	IF LIND	ER I YEAR	6:5	24 H05
	F	EMALE	CAUCASIAN	APR		918	69		MONTHS RS.		HOURS	MIN.
1	(	RTHPLACE (STATE OR FOREIGN EDUNTRY) HICAGO. ILL.	U.S.A.	MARRIEI WIDOWE	NEVER MARR	HED 1	BALTIMORE	NTGOM		EATH		MD.
2	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	ODRESS)	OR OTHER INSTITUT	ION 1	PROFES	UPATION MOST OF WORK	126	KIND OF		
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD MON	NTY 13c CITY OR TOWN		13d. INSIDE CITY LI	IMITS?	3 STREET ADD	RESS / ZIP C	ODE DR	20	81	MD.
50	) FA	CHAIM	POZEN		ANNA	IDEN NAMI		DÖLE	K	APLA	N	
1		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (FYES OF NO N			DR. GI		LEVELL HADAR	-	C.C SBAN1			
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY. TE CAUSE (a) CA	RDIO	PULMON	ARY ,	ARREST			BETWEEN C	MIN:	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NGES NCE OF	STIVE HE					1 1	YRS.	S
	N C	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OF	CONDITION	GIVEN IN	PART No		
0	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	D	20a AUTOPSY		YES, WER			H?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEA	A TB PART I O	RPART 2)		
	MEDICAL	71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET		CII	YORTOWN	C	YINUC	S	TATE
		sow the deceased alive or above, (I) (we) (did) (did no	aphil 1 19 8	1 an 7 . on	nd that in (my) (our)		_, to <u>may</u> oth occurred on	27 the date and	hour and		that (1) (v	
		The SIGNATURE		1. D	DEGREE ATTEN PHYS	IDING X	MEDICAL DIRECTOR   F	STAFF	2	2c. DATE :	SIGNED	87
1		THE PHYSICIAN'S NAME OF	36 890H/T)		27e ADDRESS						_ /	
		DR. SEAN	DWYER		5530	WISCO	NISIN .	AVE.	CHEVY	/ CH	ASE	MD.

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician on should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

(VRA 15, 4)

BURIAL 5-28-87 1170 ROCKVILLE PK. ROCKVILLE MD.

23b. DATE

230 BURIAL, CREMATION, REMOVAL

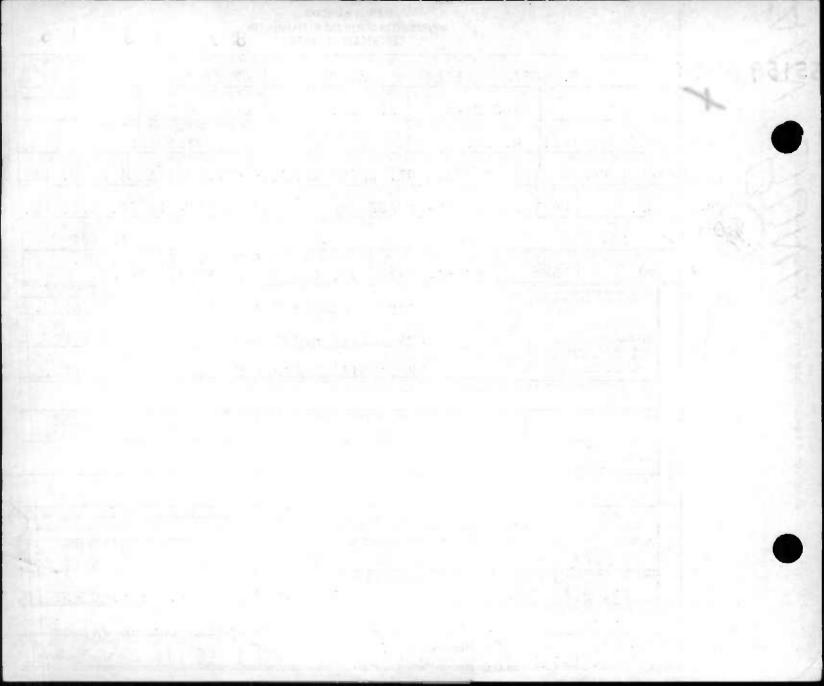
KING DAVID MEM

73c NAME OF CEMETERY OR CREMATORY

73d LOCATION

COUNTY STATE

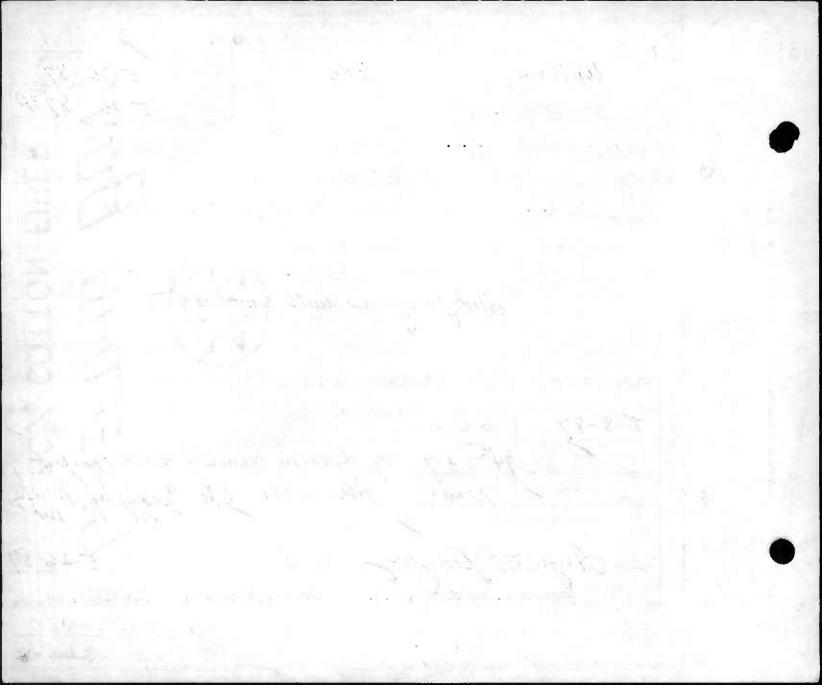
M GDN FALLS CHURCH VA 150. DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGNATURE JUN 1 1987 Julia Devider Radies



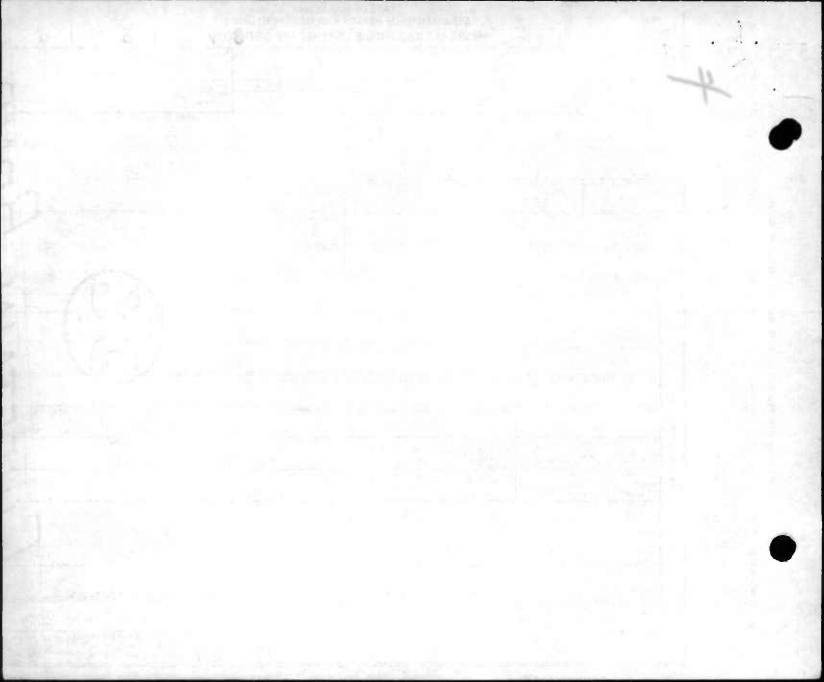
STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED L Commadore DATE LAST BIRTHDAY) MONTHS PRONOUNCED Caucasian Oct. 7, 1931 55 YRS DEAD Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Corinth, Mississippi U.S.A. WIDOWED [ Prince George's DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clinton Southern Maryland Hospital Carpenter Carpentry 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Temple Hills Maryland P.G. YESXX NO 7104 Loch Raven Road 20748 15. MOTHER'S MAIDEN NAME Unk
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Unk 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 409-48-9340 N/A Jane E. Hale Same as 13 A-E No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for un), (b) and (c).) the inperies with complication PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION DITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT C AND, 21201 PRIOR TO BUR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, AT WORK AT WHILE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held on death resulted from: Natural couses Undetermined manner JITLE (SPECIFY) SIGNATURE EXAMINER'S NAME Rodriguez. ADDRES 009 Rayburn Ct . Temple Hills. MD Burial 05/29/87 Resurrection Cemetery Clinton. Prince George's MD BP. 07/84 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH

(VR A15 ME (663) Old Alexander Ferry Rd Clinton, Md 20735



STATE OF MARYLAND



Francis J. Collins. Jr.

500 University Blvd. West. Silver Spring. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

May 26,1987 Metrolopitan Crematory Alexandria

REG. NO

Self-Employed

Espesdeo

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

20854

STATE

Virginia

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

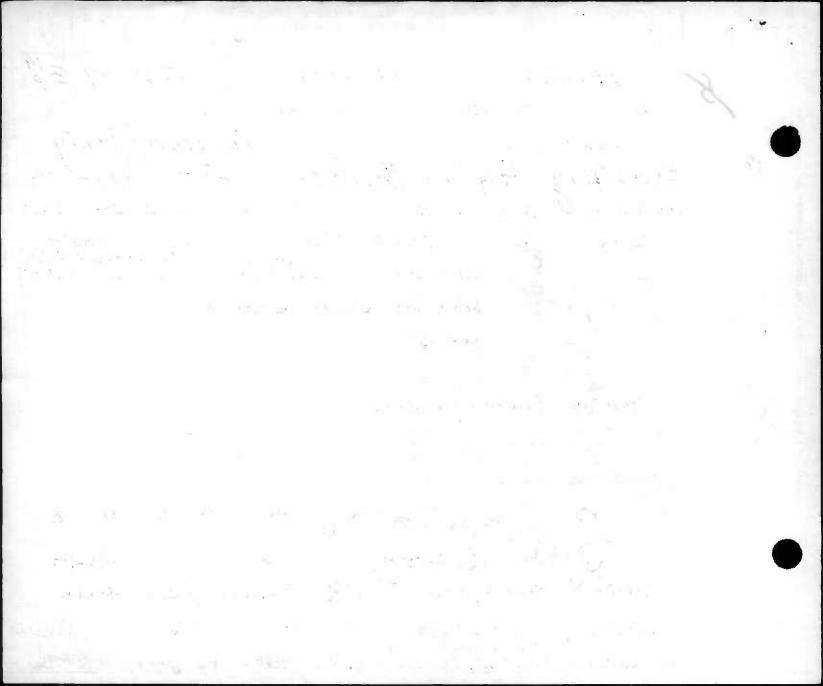
Cremation

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME



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injury, ar other troumatic event, the medical

Page 4 may be

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8 1	5	1	2
REG. NO.				

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	SIENE 8 /	15120
		CEASED NAME FIRST	,	MIDDLE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
	-   4 YPE	Jennie	М.	Hai	rdman		5-17-87 1015pm
	3. SEX		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
r	70 BI	RTHPLACE ISTATE OR FOREIGN	Where	WHAT COUNTRY? 8.	3-03 93	SALTHADE SIXY	19 YRS.
1		ontana hana	105 G	15A MARRIE	ED NEVER MARRIED DIVORCED	Prince Ged	OR COUNTY OF DEATH  MD.
)	6	TY OR TOWN OF DEATH	Greate	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS)	sing Home	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Seamstres	OF WORKING LIFE) INDUSTRY
	13a. S	AL RESIDENCE (IF NURSING HOME COL TATE 136 COL		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BOWIE	13d. INSIDE CITY LIMITS? YES NO D	13e STREET ADDRESS	Rolling Hill Gno
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	LAST
4	14 - 14	William	J.	McClain	Kathery		Wilson
		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)   IF YES, G	IVE WAR OR DATES)	539-16-8016	Joseph M. Ha	ardman	same as 13e
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		URIAL, CREMATION, REMOVA SPECIFY) Cremation	236. DATE May 18		cemetery or crematory	23d LOCATION CITY OF TOWN Alexar	ndria, Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has

24 FUNERAL DIRECTOR

Beall Funeral

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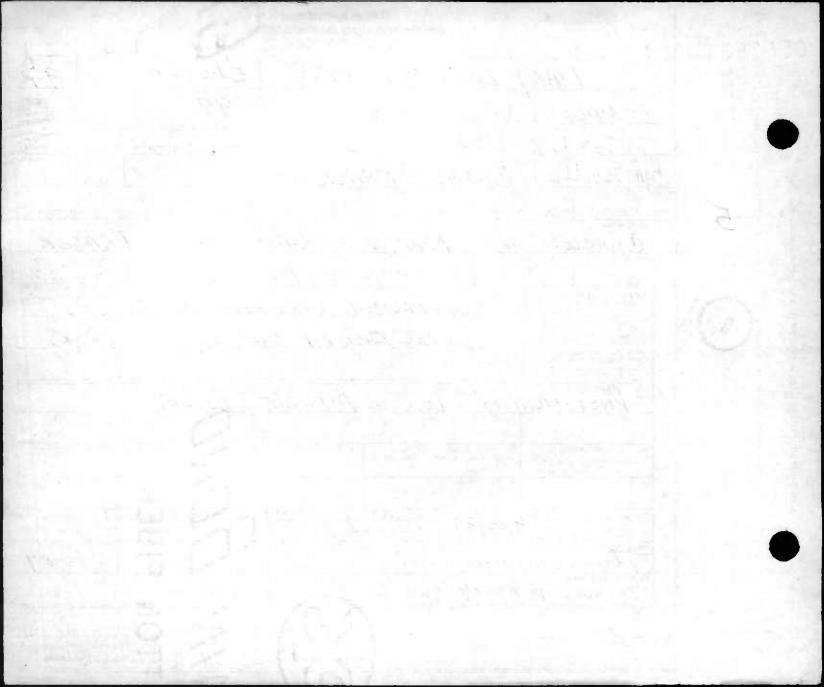
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the haspital or attending physician.

BP. DHMH - 16 50M 4 (VRA 15, 4)

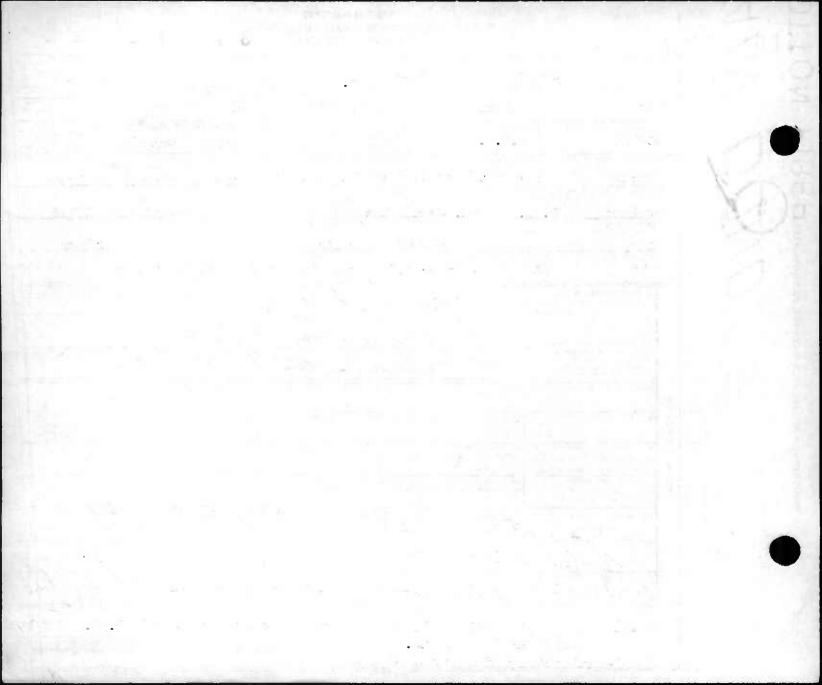
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85// 11	14. FA	THER S NAME	MIDDLE A AST	is. MOIF	FIRM .	AND DIE	10	LAST
de de de		( HARLES	H. HAMA	RIS	MAK	V E.	FK.	ASER
0 -	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFOI	RMANT	ADDRES	5 520 N St	mach Ctd
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53 1/		NO	420=07-	7098 EL	izabeth k	. McBride,		on, DC 2002
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1 99		PART I. DEATH WAS CAUSE		ALIZISH	1115/15	EAL FAIL	URGI	110
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2 1 1 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU					/
se r cre cre	-11	underlying cause last.	DUE TO, OR AS A CONSEGU	JENCE OF				
or o			(c)					
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mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	206 IF YES, WERE FI	
ne n	F	THE RESIDENCE				YES NOTE	IN CERTIFYING CAL	NO
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P P P P P P P P P P P P P P P P P P P		saw the deceased alive or	19		my) (our) opinion o	eath accurred on the dat	e and hour and fram	n the causes stated
D T E		22h. SIGNATURE	at) view the bady after death.	DEGREE	7		22, 5	DATE SIGNED
Der t					ATTENDING	MEDICAL STAFF		-18-87
det det det	1	/Momas 1	-memahour	40		DIRECTOR   PHYSICI	AN D	18-01
A Ste		22d. PHYSICIAN'S NAME (TYPE		22e ADD	RESS 273	7 Devonshire	Place, N	IW
P. P	-	Thomas 1	= Mc Mahoni	MAD I		nington, DC		
should be det with the Store IMPORTANT:							2000	
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	LODNIA	STATE
	10	Cremation	May 19, 1987 Me	etropolitar	Cremato		lria, Vir	rginia
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6 50M 4/83		NAME	hard Rapp, Inc.		MAAV	0 1 1000	ilia Devider	. 0 .
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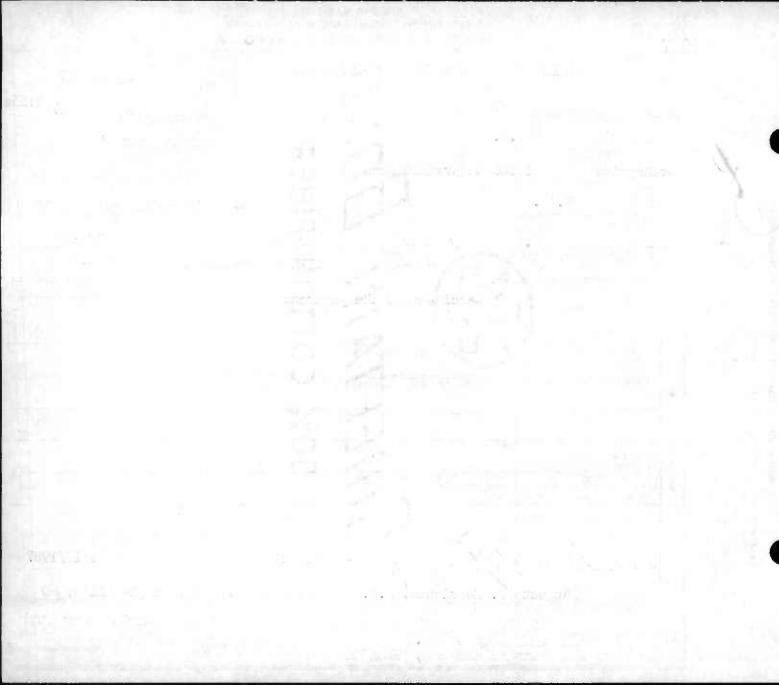
STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
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7 REG. NO.	5		2
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je 4 ma	S of the second	Male		4 RACE 5. DATE 6. Black May		1, 1916 YEAR	6. AGE (IN YEARS LAST BIRTHI	DAY FUNDER I YEAR MONTHS BAYS	IF UNDER 24 HRS
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offer de	2	10 CITY OR TOWN OF DEATH  Lanham		11. NAME OF HOSPITAL, NURSING HOME O			120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFET INDUSTRY	of Business or
1)	够	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / : 7400 Webste	ZIP CODE	0744
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an. has bee	ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES YES []	NGS USED S OF DEATH?
g physici ertificate	antol Hygi		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART   ORPART 2}	
offendir	hond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC )	211 LOCATION STREET	CITY OF TOWN	N COUNTY	STATE
Spirol or	of Healt		sow the deseased alive or	oital) attended the deceased from	87.0	nd that in (my) (our) opinion (	deoth occurred on the dot		that (I) (we) last
AL OR A	detached ote Dept JT: If Iten		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF						
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(VR A15 ME (5) 66 \$3 Old Alexnader Ferry Rd Clinton, Md 20735



JUN	-5	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / REG. NO. 1 5 2 4							2 4	
		00000	ARL (N	.M.I.)	HE	AD	20. DATE OF DEATH	05-31	-87	6 ODAM
	3 SEX Male		4 RACE	4 RACE S. DATE OF			6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
19		RTHPLACE (STATE OR FORE COUNTRY)  Georgia	U.S.A.	U.S.A.		DX NEVER MARRIED DIVORCED DIVORCED	PRINCE GEORGE'S MD.			
74	(	ITY OR TOWN OF DEATH CHEVERLY	PR'INCE	GEORGE'S	HOSP	ITAL CENTER	Cab Driver	ON F WORKING LIFE	Trans	portation
15	Maryland P.G. Hyattsville YES NO				13d INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NA	4010 Madison Street 20781				
64	13.17	Wille	MIDDLE	Head		Lizzie	WIDDIE		Haze	lwood
medical	(1	VAS DECEASED EVER IN I YES, NO OR UNKNOWN) YES—Army	U.S. ARMED FORCES? FYES GIVE WAR OR DATES)  W. II	230-09-50		Ronald S. He				. 21054
n 21 is marked or Hem-18 shows any injury, or other traumatic event,	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per line octo), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  UNDERTOOM OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To						las,		
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		OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK	21e PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE FA	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
				3 1 19 6	, /	ad that in (my) (aur) opinion of	death occurred an the do	te and hour	and from the	
MPORTANT: If Hem 2		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR								
IMPORTA	-	DHANT	ESAHI	AKIRA	/	5632/	Annapol	is !	6	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN								Maryland		
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DHMH - 16 60M 7/84 (VRA 15, 4) C HILL TO HOUSE THE

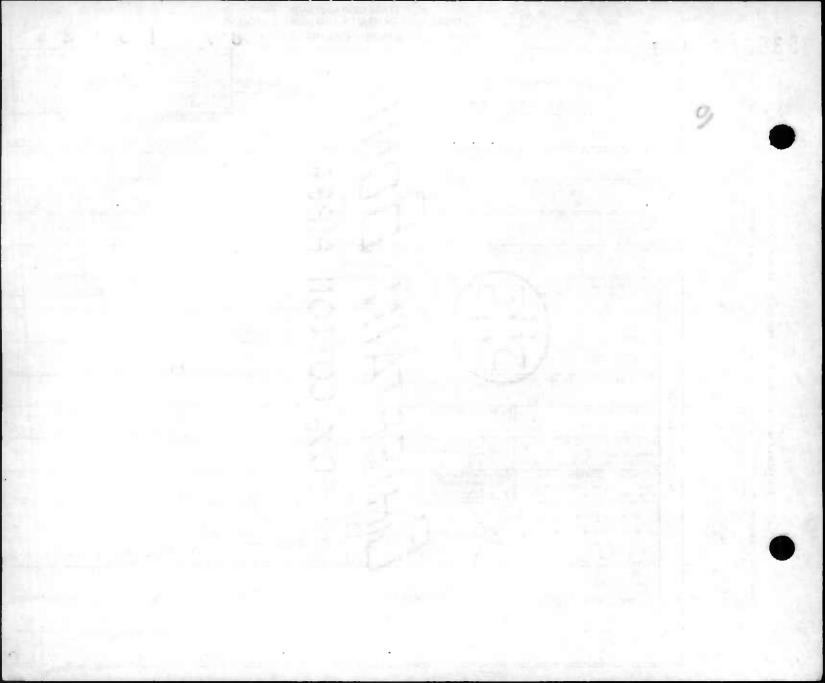
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MARCH FUNERAL HOME 1101 E. NORTH AVE

**DHMH - 17** 

(VR A15 ME (5))

STATE OF MARYLAND



Henderson Lewis Jares Male Black Feb. 10, 1901 86 rrince Cenrie's Countr brentwood 3919 Allison Street Jaly Allison boreet Maryland Frince Ceorge's grentwood Carcinoma of the lung. Denuty 1919 Seminary soud Silver Spring, Montgomery County, MD John a. domere, h. w.

055075 JI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR

ľ					REG. NO				
	1. DECEASED NAME FIRST	MIDDLE	ž.	AST	20 DATE OF DEATH	ONTH DAY YEAR	26 HOUR		
l	(TYPE OR PRINT) Mary	Margaret		Hesen	May 25,198		9:45PM <sub>M</sub>		
I	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR	IF UNDER 24 HRS		
	Female	Caucasian	Janu	ary 31,1936	51	YRS	HOURS MIN.		
J	OUNTRY	76. CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH				
	Washington D.C.	U.S.A.	WIDOWE	D DIVORCED	Prince Geo	MD.			
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATIO		OF BUSINESS OR		
1	Fort Washington	13407 Colwyn Ro	oad	20744	Bookkeeper	Self-	Employed		
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU!  Maryland Prince		N	138 INSIDE CITY LIMITS?	13407 COLW	zip code yn Road	20744		
J	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE				
	Joseph	E. Garner		Margaret	R.	Craig			
1	160 WAS DECEASED EVER IN U.S. AF		RITY NO.	17 INFORMANT	ADDRES	S			
	(YES NO OR UNKNOWN) (IF YES, GI	ne 578-48-5	911	Louis M. Hese	en (Husband)	) Same as	#13		
Ì	18 CAUSE OF DEATH (Enter of	nly one cause per line lar (a), (b), an	dici.)			APPRO	ONSET AND DEATH		
ı	PART I. DEATH WAS CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o),   Carcinomatosis							
ı	IMMEDIA								
١	Conditions, if any, which	The second							
ı	gove rise to immediate			rectal carci	TIOMA				
П	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF						
R	onderlying coose lost.								
		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PART 1	(0)		
	PART 2 OTHER SIGNIFICANT	(c)CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PART 1	0		
	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO [				20b IF YES, WERE FIND	NGS USED		
1	PART 2 OTHER SIGNIFICANT						NGS USED		
7	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES []	NGS USED S OF DEATH?		
7	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES []	NGS USED S OF DEATH?		
7	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATIO AY YEAR 19	N WAS PERFORMED  21c HOW INJURY OCCURR  211 LOCATION	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJURY	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH? NO		
7	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  (FETHER NOTEY MEDICAL EXAMINE  214 INJURY OCCURRED  WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D/ P.M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?		
7	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM.ETC 1	N WAS PERFORMED  21c HOW INJURY OCCURR  211 LOCATION STREET	200 AUTOPSY?  YES NO ENTER NATURE OF INJURY  (ITY OR TOW	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH? NO		
7	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AND	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  May 13 19	OPERATIO  AY YEAR  19  ARM.ETC 1	N WAS PERFORMED  21c HOW INJURY OCCURR  211 LOCATION STREET	200 AUTOPSY? YES NO CONTROL OF INJURY CITY OF TOW	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18 PART 1 OR PART 2)  COUNTY  19 87	NGS USED S OF DEATH? NO STATE		
7	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AND	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM.ETC 1	N WAS PERFORMED  210 HOW INJURY OCCURR  211 LOCATION STREET  1St 17, 19, 78	200 AUTOPSY? YES NO CONTROL OF INJURY CITY OF TOW	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18 PART 1 OR PART 2)  COUNTY  5 , 19 87  e and hour and from the	NGS USED S OF DEATH? NO STATE		
7	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING NOT WHILE AT WORK  22a 1 certify that (1) MXKN  sow the deceased alive or	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  May 13 19	OPERATIO  AY YEAR  19  ARM.ETC 1	211. LOCATION STREET  215. T. 19. 78 and that in (my) XX opinion decrees	200 AUTOPSY?  YES NO CITY OF TOW  CITY OF TOW  10 May 2  death occurred on the dat	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18 PART 1 OR PART 2)  COUNTY  5 19 87  e and hour and from the	NGS USED S OF DEATH? NO STATE  that X (we) last e couses stated  SIGNED		
	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK  27a I Certify that (I) **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F May 13  DR PRINT)	OPERATIO  AY YEAR  19  ARM.ETC 1	211 LOCATION 211 LOCATION 318EE1  211 LOCATION 518EE1  212 ATTENDING PHYSICIAN 2226 ADDRESS	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJURY  CITY OR TOW  10 May 2  death accurred on the dat  MEDICAL STAFF  DIRECTOR PHYSICIA	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18 PART   OR PART 2)  N COUNTY  5 , 19 87 e and hour and from the 22c DATI 26Ma	NGS USED S OF DEATH? NO STATE  that XI (we) lost a couses stated E SIGNED		
9	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT BY MEDICAL EXAMINE AT WORK AT WORK AT WORK  22a I certify that (I) XXXIII  22b Sow the deceased alive or the deceased of the or th	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F May 13  DR PRINT)	OPERATIO  AY YEAR  19  ARM.ETC 1	211 LOCATION SIREET  1St 17, 19 78 and that in (my) XX opinion of PHYSICIAN X	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJURY  CITY OR TOW  10 May 2  death accurred on the dat  MEDICAL STAFF  DIRECTOR PHYSICIA	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18 PART   OR PART 2)  N COUNTY  5 , 19 87 e and hour and from the 22c DATI 26Ma	NGS USED S OF DEATH? NO STATE  that XI (we) lost a couses stated E SIGNED		
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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician amishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pagwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

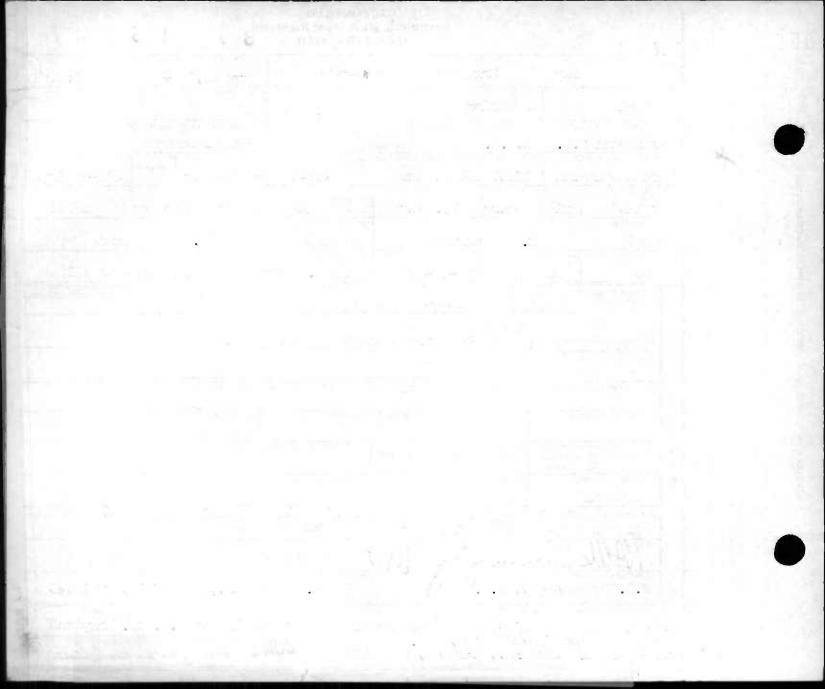
injury, or other troumatic event,

with the State Dept. or received or them 18 shows any IMPORTANT; If Item 21 is marked or them 18 shows any

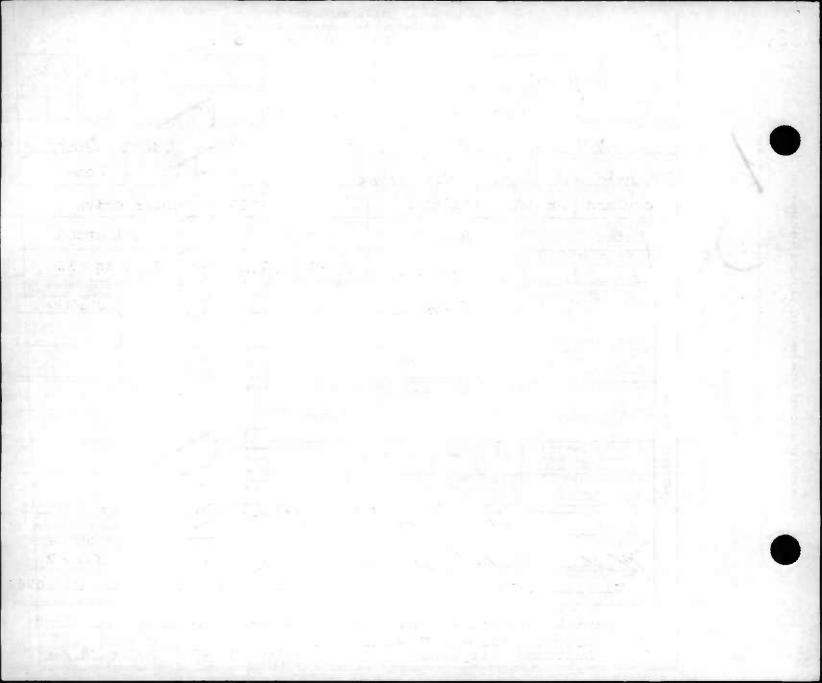
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate retained by the haspital or attending physician.

Old Alexander Ferry Rd., Clinton, MD 20735

BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1987 Julia Deviden Randale



3792 MAY 19	17	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE	NE 8 7 REG. N	10.	5	28
noy be poge 3	(TYPE	OR PRINT HOGUST	A	RIDDLE ,	#	icks		a. DATE OF DEATH	5	DAY YEAR  10 87  IF UNDER 1 YEAR	26 HOUR 6 30 pm
e 4 me	3. SE	F	LAUC9	SIAN	5. DATE C	DAY 13	87	100	YRS	MONTHS DATS	
1167		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	SA	WIDOWE		RIED 🗌	PRINCE	GEOLG	OF DEATH	courty MD.
2190	Fa	Lestville mo.	LIF NOT IN SL		HOM.		TION	26 USUAL OCCUPA THOUSEWI		176 KIND ( INDUSTRY	me
AND 213	13a N	AL RESIDENCE (IF NURSING HOMEO TATE Laryland Pr	Geo	GIVE RESIDENT BEFORE				3. STEEL ADDRESS Ke	ébler	Driv	e0735
MARYL Republic	14. FA	Peter Peter	MIDDLE	Remsen		Bert		MIDDLE	Н	olber	ton
MORE,		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	579-62	-69 5	Shirle	y Ale	exander		e as	#13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate physician.  When this certificate has been signed by the ottending physician or complete. Illied in the ost the buriol-fronsit permit. Then please remove containing physician produces prior to burios, computing a containing produced by the ord Mental Hygiene prior to burios, computing a containing physician produced by the containing physician produced by the ord Mental Hygiene prior to burios, computing a containing physician phys	z	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS) IMMEDIA  Canditions, if any, which gave rise to immediate couse (ol), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	TE CAUSE (o)  DUE TO, (b)  DUE TO, (c)	DR AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMIN	IAL DISEASE OR COP	IDITION GIV	5	XWATE INTERVAL HONSET AND REATH
TAL RECORD The low requicion. The hos been rast permit. The speed prior it showed by its properties of the prior it showed by its properties of the prior it showed by its properties of the prior its prior i	CERTIFICATION	19a DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
PHYSICIAN. The rading physician this certificate e buriol-fronsit and Mental Hygie	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) HOUR A	OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	Y OCCURRE	D (ENTER NATURE OF IN)	7.3	ART : OR PART 7}	STATE
HOSPITAL OR ATTENDI sined by the hospital or FUNERAL DIRECTOR: A sould be detached for use th the State Dept. of Heal th the State Dept. of Heal	2	WHIE ATWORK NOTWHIE ATWORK  220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (worlded) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE WILLiam R	ITOI) attended to 5 5 to 5 to 5 to 5 to 5 to 5 to 5 t	y after death.	-7, an	DEGREE ATTE PHY:  22e ADDRESS	NDING SICIAN	oth occurred on the company of the c	KFF CIAN []	22c DAT	E SIGNED
PP		URIAL, CREMATION, REMOVAI SPECIFY) Burial	14May	y1987 Ce	dar I	EMETERY OR CREA	meter	1	land		yland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	JNERAL DIRECTOROBERT NAME Suitla		lhelm Fu aryland	nera.	L Home	MAY	1 8 1987	1.0	RAR'S SIGNA	A. Contraction



in by the funeral director, page 3 se filed within 72 hours after death

FOR

## STATE OF MARYLAND

DEPARTMENT

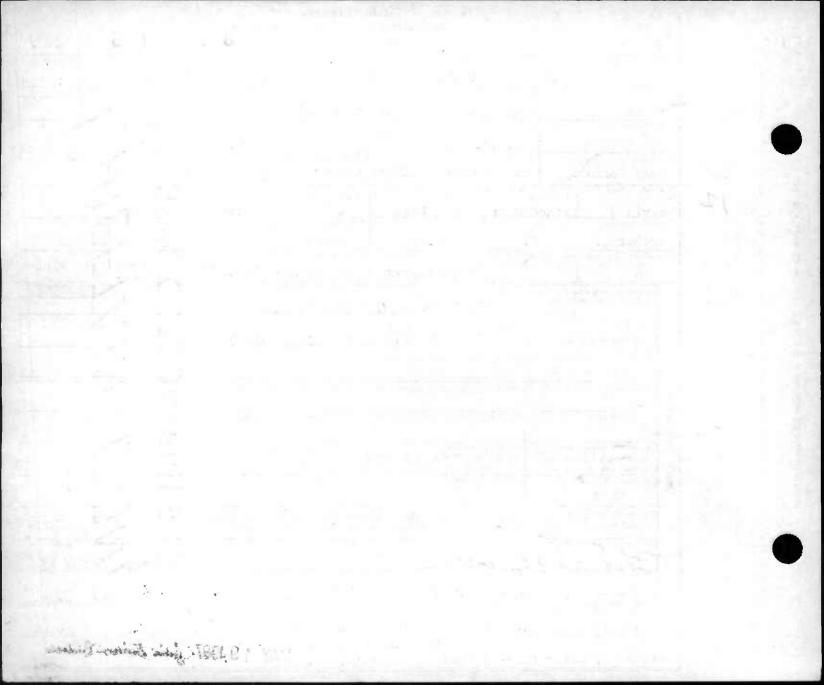
OF HEALTH AND MENTAL HYGIENE RTIFICATE OF DEATH	8	FG NO.	15
		KEG. 140.	

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	1	5	1 :	2 9
1. DECEASED NAME	FIRST	,	AIDDLE	l	AST .	2a DATE OF	DEATH M	ONTH	DAY YEA	R 2b F	OUR #
(TIPE OR PRINT)	ANIT	A B	RADLEY	HII	L	100	MAY	14.	1987	3	:58p
3. SEX		4 RACE	-	5. DATE C		6. AGE (INY	EARS LAST BIRTHE	-	IF UNDER TY	EAR IF UN	IDER 24 HR
Female		Caucasia	an	Augu	st 20 1921	65		YRS	MONTHS	AYS HOU	RS MIR
TO BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	A.	NEVER MARRIED	9 BALTIMO	RE CITY OR		Y OF DEATH	4	
Rhode Island	1	U.S.A		WIDOWE		Prin	ce Geo	rge'	S		A
10. CITY OR TOWN OF E		II. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATIO	N	126 KIN	D OF BUS	
Camp Sprin			n Grow Me		Center		ewife	VORKING U		/A_	
USUAL RESIDENCE (IF N	136 COU	R OTHER INSTITUTION. NTY	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / :	ZIP COD	E 2	0745	
Maryland	Princ	e George	Oxon H	ill	YES NO		Locus	t La	ne Z	0745	
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE	7	Ach	LAST	-33
Arthur		P.	Bradle	у	Anita		MIDDLE		Jef	fries	5
I 60 WAS DECEASED EV			166 SOCIAL SEC	URITY NO.	17. INFORMANT	7,0000	ADDRES:	-		7.4	1700
(YES, NO OR UNKNOWN)	(IF YES, Gr	VE WAR OR DATES)	103-07-9	9762	John Schulz	10000 Jense	n Beac	High h. F	lay A	IA 7	<i>‡</i> 702
18 CAUSE OF DE	ATH (Enter o	nly one couse per	line far (a), (b), or	nd (c).)						PROXIMATE I	NIERVAL AND DE AT
PART I. DEATH	LALLE CALLER	D DW			L DISSOCIATIO	)N			- 1		
	IMMEDIATE CAUSE (SELECTROMECHANICAL DISSOCIATION										
Conditions if -	mar suda tala		R AS A CONSEQU		RCTDITCTTVE DI	IT MONTAD	V DICE	ACE			
gove rise to	Conditions, if ony, which gove rise to immediate cause (a), stating the										
couse (a), sta underlying co		DUE TO, O	R AS A CONSEQU	ENCE OF							
		(c)									
PART 2 OTHER'S  190 DATE OF OPE  210. ACCIDENT WAS	IGNIFICANT :	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEAS	E OR CONDI	I ION GIV	VEN IN PAR	Tio	
190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO			S, WERE FIN		
II.						YES T	NOE		ES []		EATH?
710. ACCIDENT WAS	UNDERLYING				216 HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PART	(2)	
OR CONTRIBUTION		AIR	M. MONTH D	YEAR	127 I Shipping						
(IF EITHER, NOTIFY M		21e PLACE	OF INJURY		211 LOCATION						
WHILE NO	WHILE WORK	(AT HOME, STR	EET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TOWN	4	COUNTY	,	STATE
27a L certify that	W (this hosp	atal) attended th	e decensed from	MAV 1/	19.87	, to _M/	V 1/		19 87	that i	V (we) l
22a L certify that saw the dece				7 or	nd that in (my) (our) opinion			e and has			
obove, (4) (we	) (did) (dy) (	view the body	ofter death.		DEGREE					ATE SIGN	
120	10-	11			ATTENDING	MEDICAL	STAFF				
This	V,	husto	ne_	-	PHYSICIAN [	DIRECTOR	PHYSICIA	IND	14	MAY	87
DD TAN	/ /		11017		22e ADDRESS						
BRIAN		SON, CPI	, USAF		MALCOLM GROW	V USAF	MED CH	IN AA	AFB, M	ID 20	0331
230. BURIAL, CREMATIO	N, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCA	ATION		COUNTY		STATE
(SPECHY) Burial		5/19/8	7 Ar	lingto	n Nat'l. Cem.	Ar	lingto	n		Virgi	inia
24 FUNERAL DIRECTOR			6160	0xon		E REC'D BY R	EGISTRAR 2	b REGIS	TRAB'S SIGI	NOURE	A.B.
George P.	Kalas	Funeral	Home	Oxon H	ill, Md. MA	A 181	987	ma d	Margar .	-	- 1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



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STATE OF MARYLAND

	y.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTA		0 /	. NO.	5	i	3	0
1		CEASED NAME	FIRST	1	AIDDLE	l.	AST	20. [	DATE OF DEAT	H MONTH	DAY	YEAR	25 HOU	R
١	11111	Carrier .	MAZI	E			HILL			05	03	87	5 00	P M
1	3 SEX			I. RACE		5. DATE C			GE (IN YEARS LAS	T BIRTHDAY}	IF UND	ER I YEAR	HOURS	24 HRS
	E	SMALE		BLACK		01	31 3		51	YRS				115.00
d		RTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNTRY	? B.	NEVER MARRIE	9 B	ALTIMORE CIT	Y OR COUN	TY OF D	EATH		
ă		Virgi		U.S		WIDOWE	D DIVORCE	F	PRINCE					MD.
4	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS H FACILITY, GIVE STREI		R OTHER INSTITUTIO		USUAL OCCUI			L KIND OF DUSTRY	BUSINE	SSOR
		HEVERLY			GEORGE !		ITAL CENTE	RP	rog. D	irect	or	Pvt		
	USUA	AL RESIDENCE (IF NURSI	13b COUN		13c. CITY OR TO Hyatts	WN			STREET ADDRE	ss 69th	Pl.	ace	0-	784
	14. FA	THER'S NAME	N	NDDLE	LAST	7.00	15 MOTHER'S MAIDE	ENNAME	MIDD	E		LAST		- /
	_	·-		nds, S			Louvest	a				Edm	ond	S
	17	VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)			17 INFORMANT			DRESS				
	Y	es	5-62	2/12/6	3 22346	50212	Louvest	a Edr	monds/	4903-		APPROXIM		
		Conditions, if ony, gave rise to imm couse (o), statin underlying couse	which nediate g the	DUE TO, OI	R AS A CONSEQ		reep;	0	7 - 63	VISE	7			
	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE	20	DISEASE OR C	20b. IF	YES, WER	PART 110	GS USED	
	1000	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (	ENTER NATURE OF	INJURY IN ITEM I	8 PART I O	R PART 2)		
	MEDICAL	21d INJURY OCCURR	RED	210 PLACE ( (AT HOME, STR	OF INJURY BET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	200	eme	1009	60	ounty of	10	478
		22a.1 certify that (1) sow the decease above, (1) (we) (d	(this hospited of ve on lid) did not	view the body	3 19	Jar Jar	DEGREE ATTEND PHYSIC  220 ADDRESS	ING & ME	/ /	STAFF	19 Z		Styles sto	
		URIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMAT	TORY 2	3d LOCATION		1	7	2	-
	- (	Burial		5/8/		Chelte			V CITY OR TOW	N	Chou	O C YIN	78	AI OIL

DHMH - 16 50M 4/82

74 FUNERAL DIRECTOR
J. B. Jenkins 7474 Landover rd

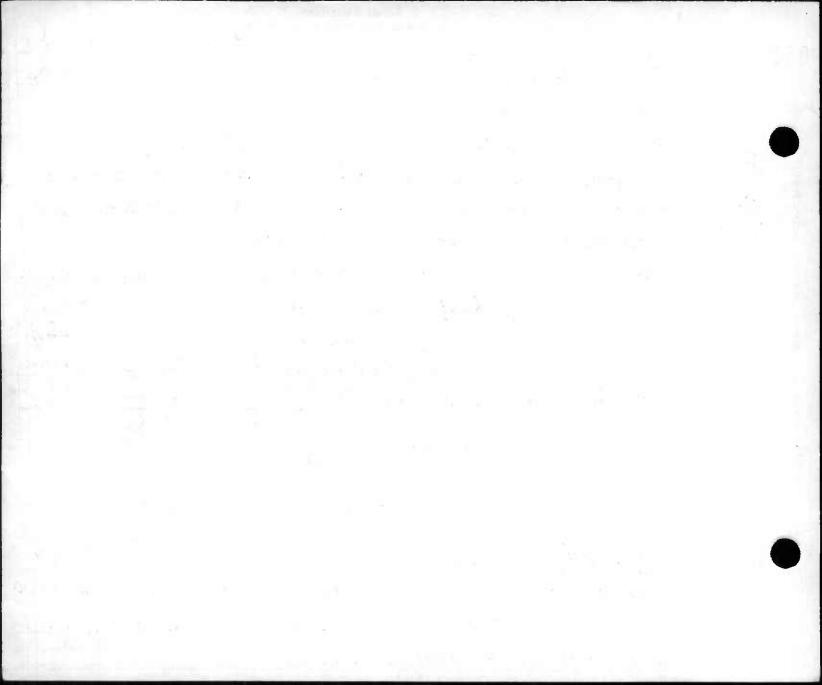
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

MAY 6 1987 Julia Danden Randers

(VRA 15, 4)

Landover, Md 20785

					STATE	OF MARYLAND				
100	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	NO !		3
1 3 10 300 -		EASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
page 3	45776	Shao-	Min		H	D	5-2	1-87		11.33pn
moy po po er d	3. SE	(	4 RACE	4	5 DATE O		6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
rs offer		Male	Oriento		MONTH 9	24 OG	80	YRS	NIAS DAYS	HOURS MIN
\$ \$ \$ C		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	B AAAAAAA	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
in 72		hina	Chi	na	WIDOWE		Montgo	mory		M
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUP		126 KIND O	OF BUSINESS OR
Sep est	Sil	ver Spring	Holy	Cross	HOSDI	la		nief		se Gov't
d in be	130. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRES	S / 7IP CODE		
The second			gomery	Potomac		YES NO	11800 Tra		Dr. /	20854
P. P.	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	61
THE REAL PROPERTY.		Shao-Chung	WIDDLE	Ho		Fun-Chi			Wu	21
9: /		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT		DRESS		
The discol	(,		ONE	None	- 13	James Ho / 11	800 Trailr	idae Dr.	. Poto	mac. Md
the the		18 CAUSE OF DEATH (Enter or				- 0				ONSET AND DEATH
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		Canditions, if any, which	DUE TO, O	CONSEGUE	u lu	male			2	differen
matr r tra		gove rise to immediate cause (a), stoting the	DUE TO, O	RASA CONSEQUE	ENCE OF A	1 1 1 0	0	N.		0
d by the lease rer ial, crem or other		underlying couse lost.	(6)	Chrimie	06	Muchue Pu	lamanay.	Diseura	1 20	It yea
ned porrio		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN	V IN PART 1	Blucer
Ther tab	CERTIFICATION	O Pulmonas	y NOC	lule 1 k	226	(2), Chroni	Renal	Zursuffi	curer	1 802
prior	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED S OF DEATH?
nicion.	TF	NA			NA		YES NO P			NO [
X UOI OF	E E	210. ACCIDENT WAS UNDERLYING			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PAR	TIORPART2}	
	AL	OR CONTRIBUTING CAUSE OF DE	AIR	M.	19	NA				
P N P	MEDICAL	214 INJURY OCCURRED		OF INJURY		211 LOCATION	CITY O	RIOWN	COUNTY	STATE
After the os the olth and marked	2	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, F	ARM EIC	31112				
Af Af		220 1 certify that (1) (this hosp			51	16 1987		24 19	81	that   It (we) last
TOR for w		sow the deceased alive or above, (1) (we) (did) (did no	5/24	19_	<b>87</b> . an	nd that in (my) (aur) opinian	death occurred an the	e date and haur t	and from the	couses stated
OK All be hosp DiRECT Dept of If them 2		176 SIGNATURE	or view the oddy	offer deom.		DEGREE	19,7%		22c. DATE	SIGNED
		mudtle	Sours	LMD		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	5/2	15/87
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BP		Cremation	May/28			s Crematory	Riverda		Co	Marvlan
	24 F	UNERAL DIRECTOR	11107720	0,01	UIIIDCI 3			ADIZEN DECISTO	ADIS SICILIA	TURE
MH - 16 60M 7/84 (VRA 15, 4)	lal	W. Chambers Co	Toc	Silver	Sprin	n Md IIIN	1 1007 /	ulia David	wr. Road	lath.
(100 10, 1)	W.	M. CHAIIDETS C	Jee Tille	DITAGE	Shiril	y, Mu, MIN	1 1901 8	what he		



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 25 HOUR LITYPE OR PRINTS 1101124 Jary 4 RACE 5. DATE OF BIRTH LIN YEARS LAST BIRTHDAY! IF LINDER I YEAR WhITE temale November 5-1909 TO BIRTHPLACE INTERPRETED 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. A G-cox9 es WIDOWEDK DIVORCED 0 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Gardens Retired Nursing 13e STREET ADDRESS / ZIP CODE 13a. STATE 13d INSIDE CITY LIMITS? Mary land Prince Georges Bladersburg 4210 YES X NO T 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Stephen Stone Ida Johnson ADDRES 2811 Atkins Court 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATEST 226-30-4597 Bowie, Maryland Luther K. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per lyfe for PART I. DEATH WAS CAUSED BY 20% IF YES, WERE FINDINGS USED

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alver an above, (1) (we) (did) (tild not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

Hygiel

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should be deta

24 FUNERAL DIRECTOR Beall Funeral

3 SEX

230 BURIAL, CREMATION, REMOVAL Burial-transit

Hom

236 NAME OF CEMETERY OR CREMATORY

Russell

May 27 1987 Temple Hill Cemetery | Castlewood 16000 Annapolis Rd.

Bowie, Maryland

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

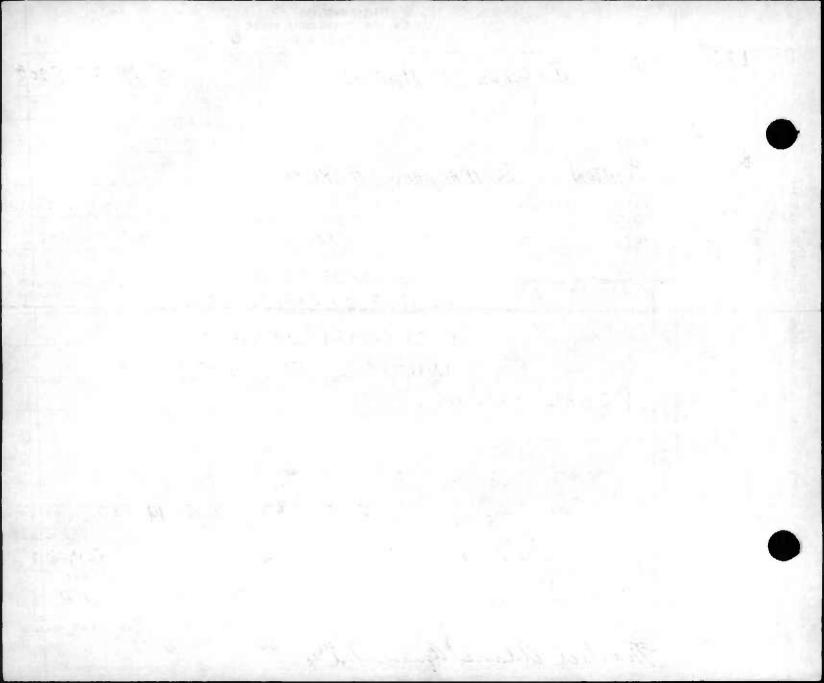
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	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND A

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	REG NO.				- 60

0551		REGISTRAR			CERTIF	ICATE OF DEATH	O / REG NO.	1 3 1	3 3
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Ter d	3 SE		4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS LATS	
rs of	F	emale	Blac	k	~03	3 13 44	43	YRS	MOORS MIN.
B 50	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	DXX NEVER MARRIED	9 BALTIMORE CITY OR CO		
116/2		ryland	US		WIDOWI	DIVORCED	Prince Geor	ge's	MD.
, K86	2	CLINTON	(IF SIN SU	MALY/AN	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN. The low requires that the death certifical termination physician.  Wher this certificate has been signed by the ottending physician circle.  Then please remove corbanagement circle. Then please remove corbanagement is the nord Mental Hygene prior to buriol, cremation, or remove and Mental Hygene prior to buriol, cremation, or remove and Mental Hygene prior to buriol, cremation, or remove and Mental Hygene prior to buriol, cremation, or remove.	13a 3 Ma		or other institution unity	1136 CITY OR TOWN	ine	YES NO 1	14160 Brand	lywine R	d. 20613
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OR OR		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	ADDRESS	Hours ?	
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ng p bon rem			ATE CAUSE (a)	CIKD	IUN		LY ARREST		
eath rendi	N.	Condition if any his	DUE TO, O	RAS A CONSEQUE	NCE OF	TORY TO	SUFFICIENCE	V	
PRE de		Conditions, if ony, which gave rise to immediate cause (a), stating the				10101 111	30F1 Tales	7	
by the by the cree of the corps		underlying couse last.	DUE TO, O	RAS A CONSEQUE	NCE OF	LE SCI	EROSIS,		
gned plee		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT		INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	q
RDS	O	KENAL	FAIL	-URE.					
The low ion.  hos bee the promit.  nene prio	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED S OF DEATH?
AN. Thysicing transit Hygin 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 2)	
SICI Centi C	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMIN	(ER) P.	м.	19		Branch and Branch		
PHY tending this he by nd N	MED	21d INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
After os the control of the control		AT WORK AT WORK						7 52	
END To los Theorem		220.1 certify that (1) (this has sow the deceased alive (			27	ad that in (my) (aux) anyone	death occurred on the date on	G 19 A	that (I) (we) last
RECTORE OF THE SECTION OF THE SECTIO		above, (I) (we) (did) (did) 27b. SIGNATURE	naturew the body	ofter death.		DEGREE	death accorded on the date of		E SIGNED
the hat the ha		III. O'O'YAYOKE	127×1	~	MDS	ACL ATTENDING PHYSICIAN	MEDICAL STAFF	1	19-27
HOSPITAL sined by the FUNERAL build be det the the State		22d. PHYSICIAN'S NAME ITYP	OR PRINT)			22e ADDRESS	DIRECTOR   PHYSICIAN	200	601
TO HOSPITAL refound by the TO FUNERAL should be deta with the Storie		RAJ. S	AMTA	NI.		INMIDE F	MED CEN	,	ND
of Of Show Market	23a E	SURIAL, CREMATION, REMOVA	AL 23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1011	12
BP		Buria1	26 Ma	y 87 St	Mar	y's Cath Ch	Bryantown	, Chas.	Male
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	INERAL DIRECTOR	adam	s agus	uco	7 20608 250 DJ			TURE



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	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 <sub>REG. NO.</sub>	151	3 4
		CEASED NAME FIRST DELL	A HOLT		AST	20 DATE OF DEATH MG	05-07-87	26 HOUR 10 AM
	3. SE	x Female	4.RACE Black	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	PAY)  IF UNDER TYEAR  MONTHS DAYS  YRS	IF UNDER 24 HRS
37		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		PRINCE GEOR	RGE'S	MD.
1	C	HEVERLY	PRIOREE GENERAL, NURS	SPRIOSF		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		F BUSINESS OR
37	13a. S	Maryland Cha	or other institution give residence before unity 13c CITY OR 100 Benedia	WN	13d INSIDE CITY LIMITS? YES XX NO		ZIP CODE Delivery 2	20612
18	)	ATHER'S NAME  Steven  WAS DECEASED EVER IN U.S. A	Thomas	CHRISTY NO.	Delphina  IT INFORMANT	WIDDLE	Washing	
2 medic			IVE WAR OR DATES!		Mary Dougl	3008 DDRESS as Waldorf	, Marylan	Square d 20601
or ather traumatic ever		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUE	Aroni	0	Failwe		
a ony injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT  SEL 2 OF 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	Der		20a AUTOPSY? 12	TION GIVEN IN PART 110 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED
d or Hem 18 show	MEDICAL CERTIF	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIF ETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE		19	216. HOW INJURY OCCURI	YES NO PARENTER NATURE OF INJURY I		NO STATE
f Hem 21 is marke		22a I certify that (I) (this hasp sow the deceased alive a	pital) attended the deceased from n 19.	87 .01	2 19 8 7 nd that in (my) (aur) apinian DEGREE MA ATTENDING	death occurred on the date		
APORTANT:		224 PHYSICIANS NAME INTO	STEVEN		PHYSICIAN [	Green Way	1	11/10)

23c NAME OF CEMETERY OR CREMATORY 23c Arlington Nat'l Cem

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
Martell Adams

14 May 87

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

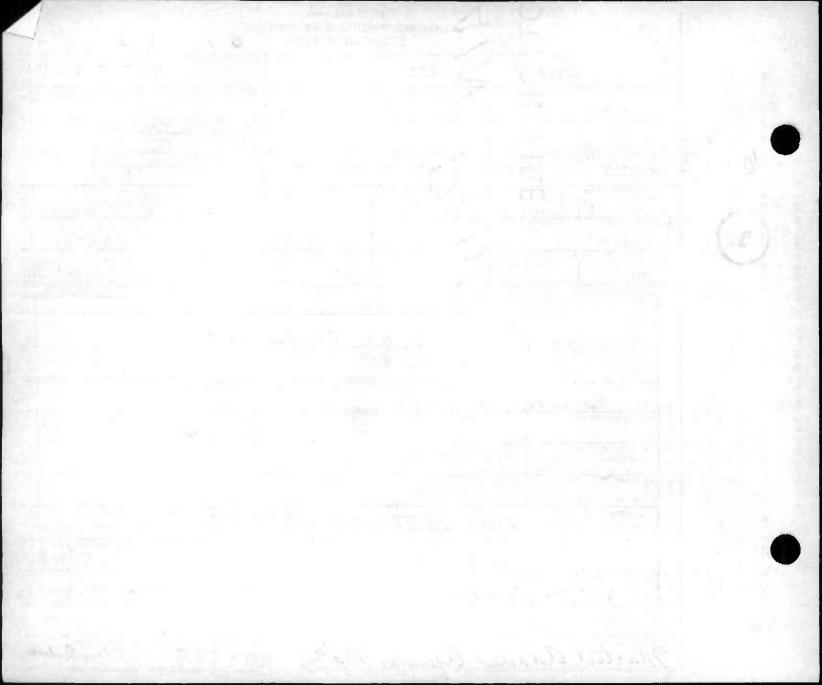
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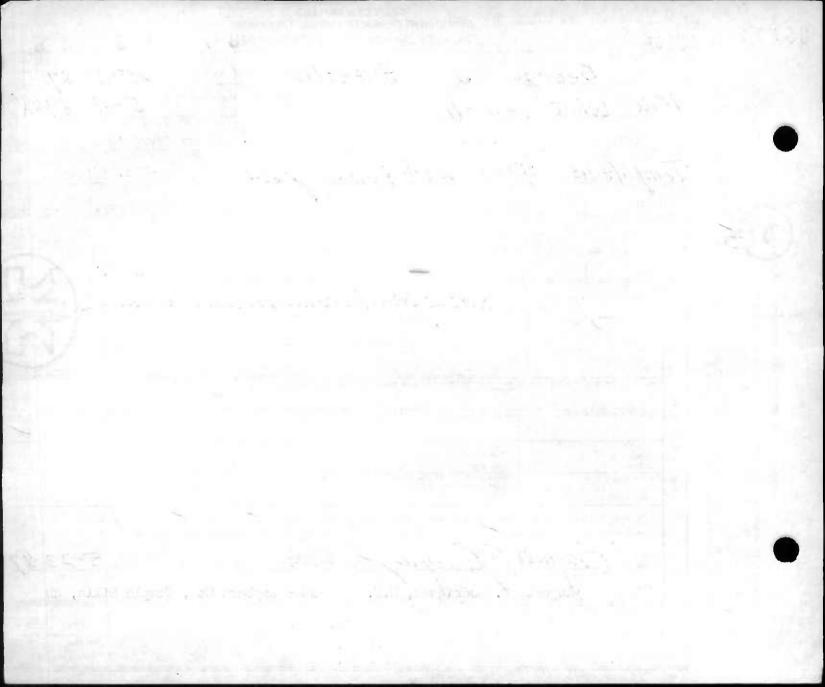
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23d LOCATION

Tort



			m #16b., G-628, 6/			OF MARYLAND ALTH AND MENTAL H	YGIENE	
94	723 MAY	25	STATE REGISTRAR	MEI	DICAL EXAMINER	'S CERTIFICATE O	F DE TH TREG. N	5 1 3 5
	3. S. S		CEASED NAME FIRST	rae	MIDDLE HO	14- dlaw	OF ESTI- DEATH MATED	MONTH DAY YEAR 75 HOUF
	PLEASE FECTOR. R FILES. HOURS STREET,	3 SEX	Tale 1 SA TE	DATE OF BIRTH		IF UNDER T YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH DAT YEAR 24 HOUR
	A A A A A A A A A A A A A A A A A A A	7a. 81	RTHPLACE (STATE OR	76 CITIZEN OF WE	76 YRS.	1100/50 🖸 1/5/50 1/100	9 BALTIMORE CITY O	R COUNTY OF DEATH
•	S POR C	-	reign country) Virginia	U.S.A	4. w	MARRIED NEVER MARRI	Prince Geo	-
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	10 CI	mph/Hills	4301	PITAL, NURSING HOME, OF		FOR MOST OF WORKING LIFE)  Air Force	Ret. Military
1201	S COULD ANY	Ma ı	yland Princ	or other institution, GIN TY e George	Temple Hills	S YES NO D	13e STREET ADDRESS 4301 - 23rd P	20748 arkway, Apt. 604
19	11/1	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE	N NAME	LAST
1 20	AND SOL	1		dward	Holtzclaw	Clara	Alice	Holsinger
ALL	JRS AFTER B. GIVE P WITH FOR DIVISION	16a V	YAS DECEASED EVER IN U.S. AR (1) Yes Give Yes 1930-	WAR OR DATES)	166. SOCIAL SECURITY NO. 52 579-50-9056	Betty Piffi	ner 7903 Baybe Alexandri	rry <sub>V</sub> Dr.
RECORDS, 201 W. PRESTON ST	ECUTED WITHIN 24 HOL G". IN PENCIL IN 1TEM 13 AL EXAMINER ALONG JURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL	7	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o) stating the under lying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUS (0  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE OF		resoular des	BETWEEN ONSET AND DEATH
REC	PENDIN PENDIN F MEDIC ED AS A E HEALTH /	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
M.	SHOULD SH	TFK						YES NO
DIVISION OF VITAL	CERTIFICATE SHO TING THE WORD DED TO THE CHIE 3 SHOULD BE US DEFARTMENT OF		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	TIC HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
DIVISIO	E, WRITING RWARDED T RWARDED T PAGE 3 SM STATE DEPA 7, 21201 PRICE	MEDICAL	214 INJURY OCCURRED	21e PLACE C		II LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		226. I certify that I tack chardeath resulted fram: Note ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	isto Py	Accident , Suicide	M.D. LITLE (SPECIFY)	Undetermined monner  MEDICAL EXAMINER  RAYBURN Ct , Tem	DATE 5-23-87 ple Hills, MD
	524548	230.80	JRIAL, CREMATION, REMOVAL Burial	236 DATE	23c. NAME OF CEMET	RY OR CREMATORY	23d LOCATION	
07/84 25M	BP	-	JNERAL DIRECTOR	5/27/87	Arlington N		Arlington	Virginia Virginia
	DHMH - 17 (VR A15 ME (5))		orge P. Kalas I		160 Oxon Hill me Oxon Hill,	. Ru ·	IAT 27 1987	ha Divideon Randark



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE LIFE DEPARTMENTO AFTER DEARTH WITH THE STATE DEPARTMENTO BAUTIMORE, MARYLAND, 21201 PRIOR TO BELLIMORE, MARYLAND, 21201 PRIOR TO BELLIMORE,

53858 HAY

07/84 25M

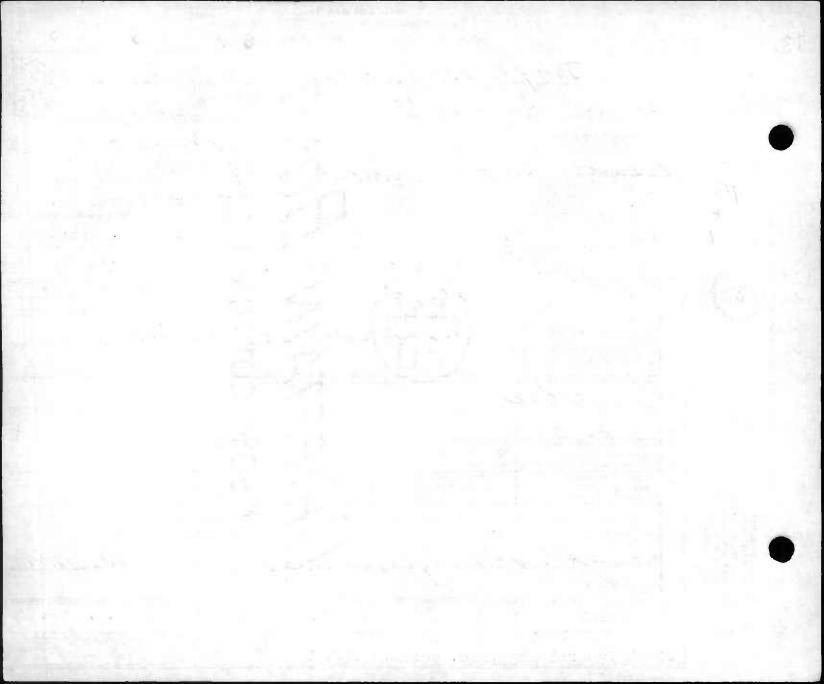
BP. **DHMH - 17** 

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH

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REG. 1	10~	- 8	60	7

		FOR STATE			DEPARTMENT OF H	EALTH	AND MENTAL HY	SIENE	4 100	2 " "	4
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3	SEX	4. F	RACE	DATE OF BIRTH	6 AGE (IN YEA	RS IF UN	DER 1 YR. JIF UNDER 24		MON	H DAT	YEAR ZALMOUR
	,	11	//	MONTH DAY	YEAR LAN BIRTHDA'	Y) MONT	HS DAYS HOURS M	PRONOUN DEAD	CED AA	11/730	E1 3
7-		RTHPLACE (STATE	OR	76 CITYEN OF WI			E Darries	1 BALTIMO	ORE CITY OR CO	ONTY OF DEA	TH J-M
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4	5	TY OR TOWN OF			SPITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS!	OROTH	RELEVELLE	FORMOR RETI		NSA	BUSINESS
2	3a. ST	IL RESIDENCE (# 11 TATE Md.	NEW COUNT HOT	röther institution, gi ward	13. CITY OR TOWN Laurel	N)	13d INSIDE CITY LIMITS? 13	9417 No	rth La	urel R	
3		THER'S NAME		MIDDLE T.	Horn		15. MOTHER'S MAIDEN I	NAME MIC	DOLE .	Buzza	rd
7	6e V	VAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS		
4	-	yes	WWI.		184-16-14	68	Joyce D.	Horn s	same as	13e	
	ATION	gave rise cause (a) sta lying cause I	ICANT CONDITIONS C	(b) DUE FO, OR  (c)  ONTRIRUTING TO DEATH	AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE TERMINATION FOR WHICH OPERATION FOR WHICH	NAL DISEASI	E OR CONDITION GIVEN IN PART 1	2 di2	l Dis	\$ 20 AUTO	DPSY?
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	MEDI	21d INJURY OCC WHILE NAT WORK	URRED OT WHILE T T WORK	21e PLACE ( STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION STREET	CITY OR TOW	N	COUNTY	STATE
7		The State of the S	hat I took charge from: Nature	e of the remains des	cribed obave, held on Accident . Suit	Autop		Undetermined mor	nner .	y opinion	13/1987
L				5/18/87	Cheltenh	am am	Vet. Cem	Cherte		PwG.	Md
	24 FL	JNERAL DIRECTO	r 760	I Sandy	Spring Ro	ad	25e. DATE REC	D BY REGISTAN	-256 REGISTRAL	SHONATUR	andally
	F	leck Fu	neral	Home, In	c.Laurel,	Md.2	20707 MA	1 1 0 130	<b>~</b> .		



4739 Baltimore Ave. Hyattsville, Md. 20781

(VR A15 ME (5))

5, 29 ...lcolm ...out 87 A. Male Mite Mov. 10, 1900 80 Frince George's County hysttsville Flow drighton doed cach drighten sone Paryland wrince George's hyartsville Carcin ma of the penciess. .vane 3 HOVE Depuly 1919 Jeminary Road Silver Spring, Montgomery County, MD John S. Rogers, h. D.

	11	30
	SPITAL DE ATTENDING PERSICUAS. The law requires that the death certificate be executed written 24 hours after deal 5 by the hospital or attending physician.	NERAL DIFFECTOR. After this certificate has been signed by the attending physician and complete filled in by the favorable decision of the bursal strains permit. Then please senses corbon pages. The 2 shiplings find within a Store Decision the decision of properties and Member price to be also commons.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-2	282
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	SPITAL OF ATTENDING PHYSICIANS The 5 by the hospital or attending physician	VERAL DIRECTOR. After this certificate has been signed by the attending physics be detached for use or the bursol transit permit. Then please remove corbon pages assured both of Health and Mental Hapises around boson, ceremonal.

5717	1-	FOR STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	151	3 8
. 7.6		CEASED NAME FIRST		MIDDLE		AST		AONTH DAY YEAR	AR 26 HOUR 16
pode r. deg	1.5E		eph :	L. HOU	S. DATE C	O M F BIRTH	6 AGE (IN YEARS LAST BIRTHI	IDAY   IF UNDER 1 Y	EAR IF UNDER 12 HRS
200	1100	MALE	1300	WHITE	Dec.	31, 1901	85		AYS HOURS MIN.
1183	(	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	U.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR Prince		Co. MD
101123	F	TY OR TOWN OF DEATH	(IF NOT IN SU	ch facility, give street a	orial	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUST	of BUSINESS OR TRY
1135	Ma S	AL RESIDENCE (IF NURSING HOM) TATE 136 CC    Aryland   P  THER'S NAME		Riverda	N	134 INSIDE CITY LIMITS?		ZIP CODE enswood Ro	d./20737
120	14 FA	Joseph	B.	Howert	on	15 MOTHER'S MAIDEN NAM	UNKNOWN		LAST
Pages Pages		VAS DECEASED EVER IN U.S. 15. NO DRUNKNOWN) (15 YES.	ARMED FORCES? GIVE WAR OR DATES]	579-01-2		JOSEPH B. HOW	ADDRESS VERTON	32T2 DOE	BARRY AVE.
physics or poper emoval event, th		PART I. DEATH WAS CAU	only one cause pe JSED BY JATE CAUSE (a)	Curdio A		snatny h	hrest-		PROXIMATE INTERVAL EEN ONSET AND DEATH
the death or the attendin complete corb		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, C	Bilatera	4 0	rebral In	)		
right by his places the benefit by t	PART 2 OTHER SI				EATH BUT		MALDISEASE OR CONDI	TION GIVEN IN PART	MOLVING,
has been been been been been been been bee	THICAT	190 DATE OF OPERATION 5-20-87		PAIRED S		WAS PERFORMED WING		206. IF YES, WERE FIN IN CERTIFYING CAUS	
a physical and the state of the	CAL CER	2 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I ORPART	2)
opendo opendo se the cond Me	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	ARM ETC ]	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
TTENDER OF TOR AT TO THE OFFI		220 I certify that (I) (this had aw the deceased alive above, (I) (we) (did alive)			57. an	d that in (my) (con) apinian of	to 5 3	10, 19 8	, that (I) (we) lost the causes stated
AL OF A the form AL DIFFE femotived femotived for Dept.		226 SIGNATURE	ude	1),	M	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIA	- 5	SIGNED 31167
O HOSPIT TO FUNER Hould be with the Sn		SHOINS NAME (TY)	AS. R	.'UDAI	)[	6vos. and	lover Rd	CHEVER	LY-MD.
8P	(	URIAL, CREMATION, REMOV SPECIFY) CREMATION	JUNE	0-		RS CREMATORY	23d LOCATION CITY OF TOWN RIVERDALE	E. P.G.C.	STATE Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL	W. W. CHAMBE	RS CO.	RIVERI	DALE,	Md. 20737	IUN 5 1987	Gulia per m	

AND SOLVE AND THE THEFT OF THE STATE OF THE

E. C. CLITTER CO. SIMERITA, M. CONTRACTOR

Suitland

(VR A15 ME (5))

Maryland

STATE OF MARYLAND

X			
5/21 67	Lughes	site	ola
5/21 67			Female white
Trince veorge's ant			
	e, #08	721- Denell Flac	rorestville
+ Lonnell rlace, #Oc	lke 72	mce George's forestvi	maryland ri
	dial disease	Acute myocar	
	.sessaib laibus	chronic myoc	
		.Von e	
			None
	None.		
X			
		λ	
	Deputy 1919 Semin		
ing, Montgomery County	bilver un	John S. Rogers, M.J.	

in by the funeral director, page 3 te filed within 72 hours after death

ding physician

	STATE	OF	MARYLAND	
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	REG

1.	- STATE REGISTRAR		DEPARI		FICATE OF DEATH	8 7		5	40
1 DE	CEASED NAME	FIRST	WIDDIE		LAST	20. DATE OF DEATH	MONIH DA	Y YEAR	12:40 F
2.65		George			ighes	May 14, 198		UNDER 1 YEAR	IF UNDER 7.1 HRS
3 SE	Х		4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRT	_	UNDER I YEAR	HOURS MIN.
-	lale		Caucasian		1 20 1926	60	YRS		
	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVERMARRIED	BALTIMORE CITY O	COUNTY	OF DEATH	
LWO	shinatan	DC	USA	WIDOW		Prince Ge	ange's		ME
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC		F BUSINESS OR
CH	rillum		706 Rittenhouse		et	lawyer	· · ·	114003181	
	AL RESIDENCE (# P	136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
Ma	ruland	Princ	e George Riverd	alo	YES NO V	6010 TAULOR		20840	)
	ATHER'S NAME		MIDDLE LAST		15. MOTHER'S MAIDEN NA	IME			
Ga		Frankli			FATHON	MIDDLE		U.	inhes
16a \	WAS DECEASED EV	ER IN U.S. AR	MED FORCES? IN SOCIAL SEC	URITY NO.	17 INFORMANT	ÁDDRE	55	nı	ignes
1	yes, no or unknown	(# YES, GIV	T 579-38	-2208	Maydie O. Hu	ighes same	as 1	3	
	18 CAUSE OF DE	ATH (Enter on	lly ane cause per line for (a), (b), a	nd (C1.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DE ATI	H WAS CAUSE	E CAUSE (a) Fardic	) - F	Ulmonary	Failure		10	uk
	HALF F		DUE TO, OR AS A CONSEQU	ENCE OF					· - +
	Conditions, if a		( (b) Carc	nom	atosis			1 7 4	
	couse (p), st	oting the	DUE TO, OR AS A CONSEQU	ENCE OF	01			0 1	74
	underlying co	use lost.	( c) Carcin	ooma	of Lung			24	, ,
7	PART 2 OTHER S	IGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NO RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVE	V IN PART 1	0
CERTIFICATION	10 0 4 VE OF OR	That I can	IN CONDITION FOR WINE	L COSSOL VICE	NAME OF DE COLUMN	Ten AUTODOV2	Table IF MES	ALEDE EILIE	10011040
2	May /		196. CONDITION FOR WHICH		static Tumor	200 AUTOPSY?		WERE FINDIN	
Ē				rela-		YES NO X	YES		но 🗆
	218. ACCIDENT WAS		1 216. TIME OF INJURY /	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
N N	(IF EITHER NOTIFY		in .	19	The second				
MEDICAL	214 INJURY OCC	URRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		211 LOCATION	CITY OF TO	VN	COUNTY	STATE
Z	WHILE NO	WHILE WORK	(AT HOME STREET, PACTORY, OFFICE,	FARM ETC.)	JINEET				07.110
	220.1 certify that	(I) (this hospi	tal) attended the deceased from.	19	85 , 19	to May 1	4 . 19	87.	that (I) (we) last
	sow the dec	eased alive on	May 14 19 19	87.0	nd that in (my) (our) opinion	death accurred on the do	te and hour	and from the	causes stated
	776 SIGNATURE	A -	View the body after death.		DEGREE			22¢ DATE	SIGNED
	Korin	o XX	Afred mD		ATTENDING	MEDICAL STAF	F	May	14 1987
1	THE PHYSICIANS		Money		22e. ADDRESS	DIVECTOR THISIC	IAIN [		, ,
	Lauis	V.1.V GB	offredi M.	8		nn. Ave. N.	1-11	lash.	DC.
45	10015	0, 0	- Provide Artistance and the second				0.00		, .
	BURIAL CREMATIC	IN, REMOVAL	JHE SATE 23c.	NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Re	nia P		May 18 1087	Cato	A Haguan	Ciluna C	ntino	Mantag	moru Md

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been significate

should be detached far use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta b

(VRA 15, 4)

NAME Francis J. Collins, Juness 500 University Blud. West Silver Spring,

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Gulia

Second R. Shaders May 14, 1987 annon mil Chickum 706 Richerbause Street FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN
CERTIFICATE OF DEAT

TAL HYGIENE

8	7 REG. NO.	1	5	1	4
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2 REGISTRAR		CERTIF	TEATE OF PEATIE	REG. NO	
TYPE OR PRINT!	ref Beatri	ce /h	ighes	2e. DATE OF DEATH	5 17 02 20 HOUR 20
SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR	
Female	White	3	11 1898	89	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OFFOREIGN	16 CITIZEN OF WHAT	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Washington D.C.	USA	WIDOW		Prince Ge	eorges
Adelphi			rother institution	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	
JSUAL RESIDENCE (IF NURSING HOME OR 30. STATE 13) COUN Maryland Mon	17Y 13c C11	DENCE BEFORE ADMISSION) TY OR TOWN C KVILLE	13d INSIDE CITY LIMITS? YES <b>X</b> NO []	13. STREET ADDRESS A	e Drive 20853
James	A, N	Ioran	Katherine	WIDDLE	Sands
60 WAS DECEASED EVER IN U.S. AR (YES. NORUNKNOWN) (16 YES. GN		03 9467	Irene M. Ors	sini Same a	s item 13 a-e
18 CAUSE OF DEATH (Enter on	ly one couse per line for	(o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	E CAUSE (o)	Il KATIO	ME PREUMO	MITIS	Itours
Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	l.		Morethe
gove rise to immediate cause (a), stating the underlying cause last.		CONSEQUENCE OF	ALCINOMA		mendan
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE		UTING TO DEATH BUT		700 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	1100110 4 11 141		21c HOW INJURY OCCUR		
I F EITHER, NOTHY MEDICAL EXAMINER		19			
(IF EITHER, NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJU	JRY ORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
AT WORK AT WORK	tol) attended the deceo	/ -	nd that in my (our) opinion	death occurred on the de	ote and hour and I rom the couses stated
12b. SIGNY OF The La	h0		<u> </u>	MEDICAL STAI	FF 12/87
PSCH SS LAR	no 70		1	wayong	CREGIBELT MO
30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	5/20/87	Arlingto	emetery or crematory on National	Arlington	COUNTY Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1331 Rockville Pike Rockville, Maryland 20852

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Division Rendales

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CTATE	20	88 A	DVI	ASID	
STATE	: Ur	m a	KIL	ANU	

mina	. (***	1 1 1
PREG. NO.	) )	: ~ 6

4997 Juli-	[18	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 REG. NO. 1 5 1 4 2							
y be age 3 death		CEASED NAME FIRST	DBERT	R.	1.4	HUGHES	20. DATE OF DEATH MO	05-13-87	26 ноия 6 :45АМ
Tool Ter d	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
Poge 4	Male 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania TO CITY OR TOWN OF DEATH CHEVERLY			Black  16. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN  PRINCECHE GEORGE		. 10,1915	70 YRS 9. BALTIMORE CITY OF COUNTY OF DEATH PRINCE GEORGE'S COUNTY MD 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR		
nerol di						NEVER MARRIED			
by the fu									
nould be	Ma	aryland	NE OR OTHER INSTITUTION OUNTY P.G.	136. CITY OR TOW Chape 1	N I		13e STREET ADDRESS / Z 5003 Nash	Street	0743
of Polymer	1	THER'S NAME FIRST Jackson	MIDDLE	Hughes		15. MOTHER'S MAIDEN NA Muriel	MIDDLE	Coffy	AST
		(AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE Yes	. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU		Mary Hug	hes-wife-5	003 Nash	
d by the ottending ease remave carbonal, cremation, ar remove corporation, ar removed of the companies of th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)_ DUE TO. (	DR AS A CONSEQUI	ENCE OF	ana o	2 Line	7	
UG PHYSICIAN: The low requires ottending physicion. Fer this certificate has been signed is the burial-transit permit. Then plus and Mental Hygiene prior to buriar ked or frem 18 shows ony injury, or MEDICAL CERTIFICATION	IFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM		OD. IF YES, WERE FINE N CERTIFYING CAUS	DINGS USED
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA-	F DEATH HOUR A	OF INJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Ched for use of Dept. of Health	220. I certify that (I) (this haspital) attended the deceased from 57 8 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10							that (1) (we) lost the couses stated	
should be deto		220 PHYSICIAN'S NAME (1) REVATHY MUR		in of	7_'	22e ADDRESS	ER RD. LANDO		73/8/
D # 3 8		URIAL, CREMATION, REMO PECIFY) Temation		15,1987		emetery or CREMATORY 's Cremator	23d LOCATION CITY OR TOWN THE WASHIN	ngton. D	.C. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Stewart F 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Fu ral Benning Road

Julia Divider Randalle

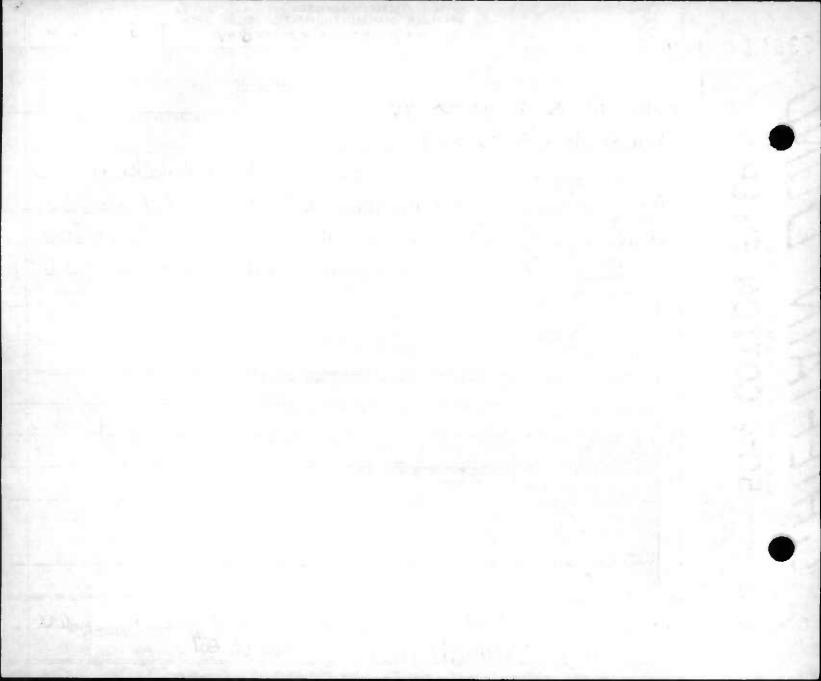
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI 1987 E FUNERAL DIRECTOR.

E.S. FOR YOUR FILES.

B., WITHIN 72 HOURS

W. PRESTON STREET, Jackson Ulysses DEATH MATED 4 RACE 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 1.87 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS George S General Hospital cheverly EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REFAIN P TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT, PAGES I AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOMMENDER, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 13d INSIDE CITY LIMITS? NO [ 14 FATHER'S NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 1100 FSt. W.E. U 18 CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2:35PM 4 13 UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH Subject run over by truck 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME landfil. WHILE AT WORK AT WORK Landfill at 3100 Brown Station Road, Upper Marlboro, MD, Prince George's County, MD thorperof the remains described above. Held an 22a I certify that I look death resulted fro Vol courses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-14-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE ADDRESS 111 Penn St., Baltimore, MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 23d LOCATION (VR A15 ME (5))

STATE OF MARYLAND



	FOR 1 - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	L HYGIENE 8 ZEG. NO.	15145				
	1. DECEASED NAME FIRST (TYPE OR PRINT) MIG	UEL Jawr	eguizar	20 DATE OF DEATH MONTH	16-87   2b HOUR   3.15A				
	3. SEX Male		DATE OF BIRTH MONTH DAY YEAR	7 00	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
1	O. BIRTHPLACE I STATE OR FOREIGN	U.S.A.	ARRIED NEVER MARRIED	PRINCE GEORGE					
1	CHEVERLY	11. NAME OF HOSPITAL, NURSING HO GLADY SUCH ACTUS ENERTEMPARE	fs NURS. CARE C		126. KIND OF BUSINESS OR LINE INDUSTRY BUTOR Self Employe				
2	Maryland Prin	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINITY CE George Greebelt	13d. INSIDE CITY LIMI YES NO .	DITT VAXTINAAA T	92tue 20770				
/	Jaun B. Jauregui	MIDDLE LAST	13. MOTHER'S MAIDE FIRST Juliana	N NAME MIDDLE	Goiriena				
	16g. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECURITY 263-25-6177		son ADDRESSSA vreguizar, Jr. Li					
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which	nly one couse per line for (0), (b), and (c). ED BY: ITE CAUSE (0) Cardio - re  DUE TO, OR AS A CONSEQUENCE  (b) Rilatera	pstratory are		APPROXIMATE INTERVAL BETIMEEN OMSET AND DEATH				
	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
1	O Diaba	196 CONDITION FOR WHICH OPEN	Peripheral RATION WAS PERFORMED  CL Foot		FYES, WERE FINDINGS USED PRIFYING CAUSES OF DEATH?				

1/26/87	Gargrene Left	feet	YES NO NO CE	PRTIFYING CAUSE YES	S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART   OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this haspital)	ottended the deceased from	10 19 84	to May 1	60 10 87	that its (we) la

220.1 certify that (1) (this haspital) oftended the deceased from 10 / 19 / 10 / 16 19 / 16 19 / 16 19 / 16 19 / 16 19 / 16 19 / 16 19 / 17 19 / 19 / 10 / 16 19 / 17 19 / 19 / 19 / 19 / 19 / 10 / 16 19 / 17 19 / 19 / 19 / 10 / 16 19 / 16

PHYSICIAN'S NAME (New Prince)

MD ATTENDING DEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5/16/8

PHYSICIAN'S NAME (New PRINCE)

Myers Family Health Center, Pame, Cheverly, M

230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY
Burial May 19, 1987 Gate of Heaven

Silver Spring Mont.

Md. STATE

500 University Blvd. West Silver Spring, Md.

MAY 2 1 1987 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

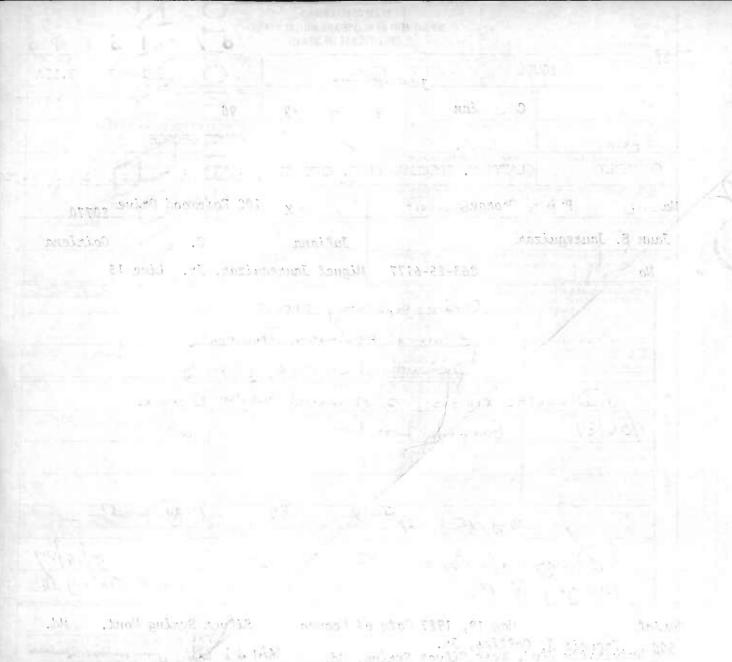
TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

retained by the haspital ar ottending phy

and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If hem 21 is morked or hem

MEDICAL CERTI



Mt. Olivet Cemetery

Burial

24 FUNERAL DIRECTOR

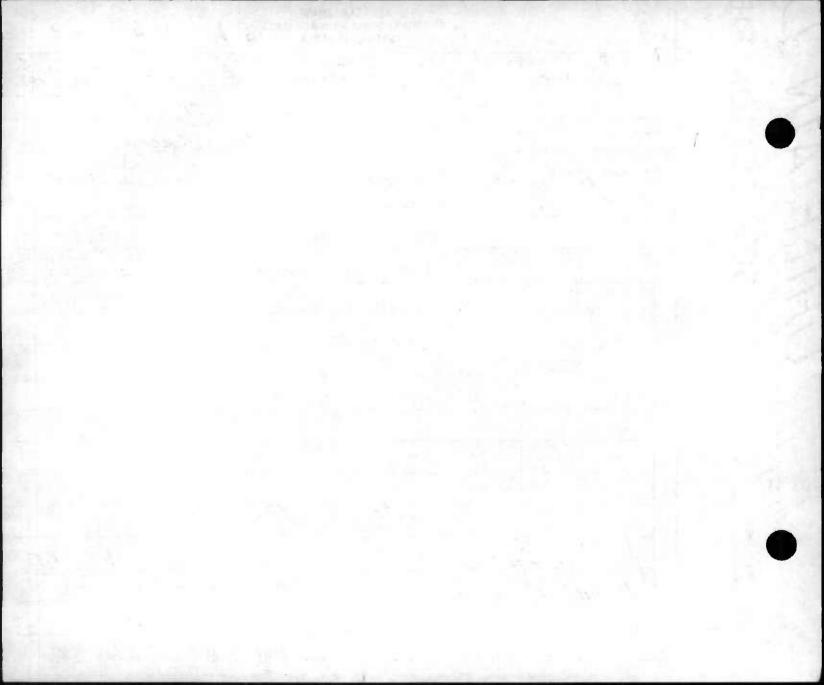
BP

DHMH - 16 50M 1/B1 (VRA 15, 4) 5/6/87

ALEXANDER S. POPE 2617 PA AVE S.E. WASH., D.C.

Washington, D.C. D.C.

250. DATE REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE

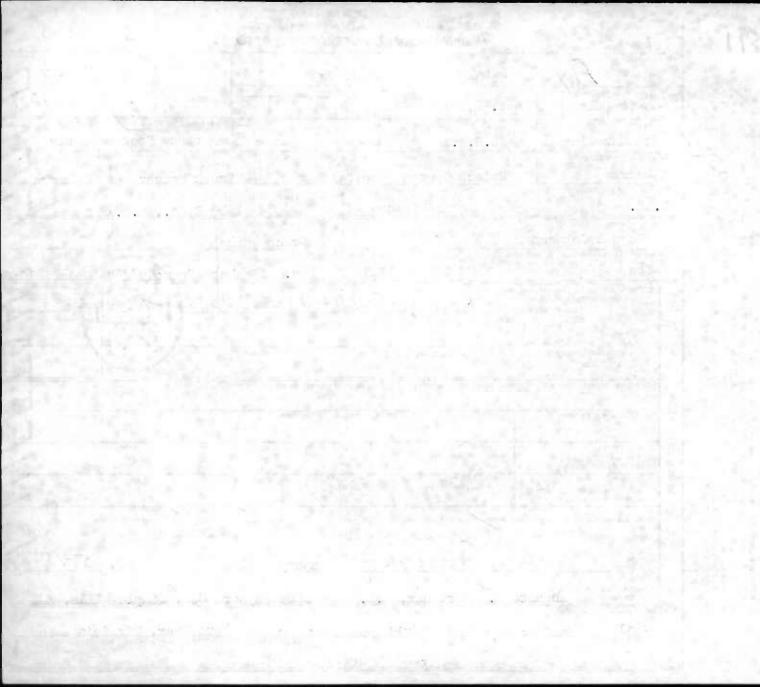


4739 Baltimore Avenue Hyattsville, Md. 20781

(VR A15 ME (5))

STATE OF MARYLAND

		FOR		n	EPARTME		MARYLAND H AND MENT	AL HYGIENE			
054511	10	STATE REGISTRAR		MED	ICAL EX	AMINER'S	CERTIFICAT	E OF DOA	7	1 <sub>NO</sub> 5	1 4 8
	T DE	CEASED NAME	FIRST	A.	MIDDLE	11.	LAST	2	DATE KNOW	N MONTH	DAY YEAR 26 HOUR
PLEASE COTOR. FILES. STREET,			Floy d	И	,	John			DEATH MATED	5-	15 1987 N
N 22 N	J. SEX	11 1	Black	Sept. 1,		AGE (IN YEARS   IF L LAST BIRTHDAY) MON			C. DATE RONOUNCED DEAD	5-	15 19 87 239
TESSA OR YOUR THIN	FO FO	RTHPLACE (STATE REIGN COUNTRY) uth Carc		76 CITIZEN OF WH		MAR	RIED NEVER M	ARRIED U	BALTIMORE CI	_	
2223		TY OR TOWN OF		U.S.		WIDO NG HOME, OR OT	WED LX DIV	ORCED 120 USU	AL OCCUPATION		County MD
I STATE OF THE STA		heverly	/	Prince	e Geor	ge Hospit		FORM	ost of working Life)		OR INDUSTRY  Unknown
1 10000	13 S	TATE C.	IN NURSING DOME OR OUNTY	OTHER INSTITUTION, GIVI /	13c CITY OF		13d. INSIDE CITY LIMI		ET ADDRESS	C F	9944
9 7 9 7	14 FA	THER'S NAME		MIDDLE	LAS		15 MOTHER'S M		MIDDLE	e Delie	LAST
HANNE WE			Johnson					ce Bank	3		rosi
TIM TER FOR	16a. V	VAS DECEASED E ES. NO, OR UNKNOWN Yes	VER IN U.S. ARME			SECURITY NO.	17 INFORMANT		ADDI		
RES AFTER WITH FOR WITH FOR PAGES DIVISION	-			ane cause per liner		09 4583	Mrs.	Elizab	eth Kenn	edy/ 40	3 Delafield
W. PRESTON ST.  D WITHIN 24 HOUPENCIL IN ITEM 18  MAINER ALONG  - TRANSIT PERMIT  - TRANSIT PERMIT  OR REMOVAL.		Canditions,	IMMEDIATE  if any, which to immediate oting the under-	BY.	AS A CONSE	DENCE OF	he ca	ididl	ras aul	eldu	BETWEEN ONSET AND DEATH
ECORDS,  BE EXECT NDING, AEDICAL AS A BUR ALTH ANI	NOI	PART 2 OTHER SIGNI	FICANT CONDITIONS <u>co</u>	INTRIBUTING TO DEATH B	JT NOT RELATED	TO THE TERMINAL OISE/	ISE OR CONDITION GIVEN	IN PART 1 a.			
SHOULD BI SHOULD BI OND "PEN CHIEF AS TOF HEAL! URIAL, CR	CERTIFICATION	190 DATE OF O	PERATION	19b. CONDITI	ON FOR WH	ICH OPERATION	WAS PERFORMED?				20 AUTOPSY?
OF VITA  ATE SHO E-WORD THE CHILL THE CHILL TO BE US TO BURL T	ERT	21a EXTERNAL	CAUSEWAS	21b. TIME OF		21c.1	HOW INJURY OCC	URRED LENTER NA	LTURE OF INJURY IN ITE	M 18 PART 1 OR PAR	YES NO
ON O STHE TO THE HOULD		UNDERLYING CONTRIBUTING	OR CAUSE OF DE	HOUR A.M.	MONTH D	AY YEAR					
=> = 0 = 0	MEDICAL	WHILE AT WORK		21e PLACE O STREET, FACTO	F INJURY ( PRY, FARM, ETC.)	AT HOME. 21f L	OCATION STREET		CITY OF TOWN	cou	UNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAPAGE A SHOULD BE FORWATO FUNERAL DIRECTOR; PAPARTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 21		220 I certify to death resulted ACTUAL SIGNATURE	fram: Notural	af the remains described to the remains descri	Accident	Suicide [	PSY Insp Hamicide TITLE (SPECIF M.D. Deputy	Y).	Inquiry	ond in my op.  ,  DATE SIGNEI	5-15-87
PAGE ON ANTER SALTICE AND ANTER SALTICE CO.	22 5	(TYPE OR PRINT)	Aŭgu:	sto P. Ro			ADDRESS 500			Cemple I	Hills, MD
	1.5	Burial  Surial	ON, REMOVAL 236	DATE		AE OF CEMETERY		23d FOC	RTOWN	COUN	
07/84 BP 25M DHMH - 17		JNERAL DIRECTO	OR IMIA	y 21,198	7	Arlington	Nationa	ATE REC'D. BY F	Cort Myes	r Virg	
9999 (July 5 Me (5))	10	AN T. Ch	lenes Co.	3015 12	zh St	clas	LDG 1	MAY 25	1987 /	in the	on Mutar



executed

ed in by the funeral director, page 3 d be filed within 72 hours after death

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 7	NO	5	4 9
-2		CEASED NAME	FIRST	٨	AIDDLE	1	AS1	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	11.11		EL	L	•	JOH	NSON	5/2/1	87		1 317-M
	3 SEX			RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
	74 00	FEMA		W hi		Ma	v 16 06		YRS		
5	(	OUNTRY)			WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
2	10 CI	ennsylvar TY OR TOWN OF DEA	nia I	USA 1. NAME OF F	OSPITAL, NURSI	WIDOWE NG HOME C	DIVORCED DIVORCED	Prince		,	MD. OF BUSINESS OR
C		attsville		Hyat	+ SUITE	Me	ner Nursing	TYPE OF WORK FOR MOS	es Ai	UFEL INDUSTRY	
5		AL RESIDENCE (IF NURS TATE aryland	136 COUN'		GIVE RESIDENCE BEFOR 13t. CITY OR TOV Temple		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2600 Kea	s / ZIP COI	Stree	0748
A	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	AME			ASI
		Samuel	В	M	cCutch		Alice			Bonh	am
1		AS DECEASED EVER		NED FORCES?	166 SOCIAL SEC		17 INFORMANT		RESS	172	
5 5 5 5		No			235-44	-/520	Jean Reed	Saule	as t		
		18 CAUSE OF DEATH PART I. DEATH W	H Enter only AS CAUSED IMMEDIATE	BY-	CARD	AC.	ARREST			BETWEEN	ODEM
		Canditions, if any,	which	DUE TO, OF	,		NOTIC HEAT	ET DISH	756_	450	ns
		gove rise to imm cause (a), statin underlying cause	g the	)	R AS A CONSEQU						
	NC	PART 2 OTHER SIGN	MIFICANT CO				NOT RELATED TO THE TERM		ONDITION G	IVEN IN PART 1	1 O
7	CERTIFICATION	190 DATE OF OPERA	TION				N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND	
7		210 ACCIDENT WAS UND	CAUSE OF DEAT	21b. TIME OF	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUP		NJURY IN ITEM 18	PART I OR PART ?)	
	MEDICAL	21d INJURY OCCURE		21e PLACE C	OF INJURY		211 LOCATION	CITY OF	LOWAL	COUNTY	STATE
	×	WHILE NOT WH	INE C	(AT HOME STR	EET FACTORY OFFICE	FARM ETC )	STREET		/	A =	3,77
		22a-1 certify the (1)	d olive on_	5/45	19/	12	d that in (my) (aur) apinion	death accurred on the	date and ha	our and from th	than (1) (ye) lost e couser stoted
		obove Illing to	(did not)	view the body	ofter death.	A	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	50	1/2
1		22d. PHY ICIAN'S NA					100 ADDDECC		-	Crobe	-00
/		1 Sugar	SLER	MO			7500 CRESN	שחץ טוזכאי	ر درس	70'	70-

STATE OF MARYLAND

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending

OR ATTENDING PHYSICIAN The law

TO HOSPITAL

BP

retained by the hospital ar attending physician

(VRA 15, 4)

<sup>24</sup> FUNERAL DIRECT ROBert E Wilhelm ADDRESS UITLAND MD

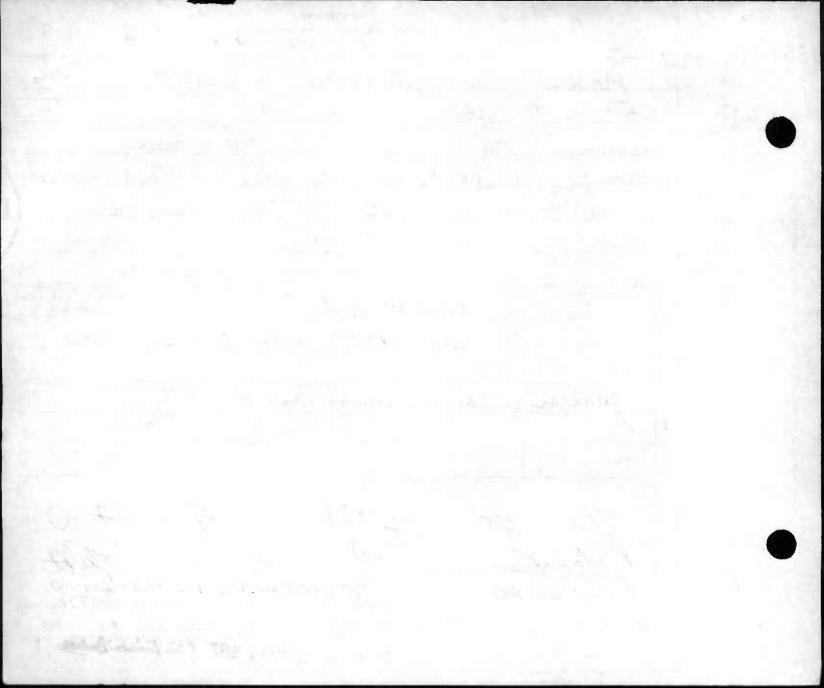
23b. DATE 23May1987

230 BURIAL, CREMATION, REMOVAL

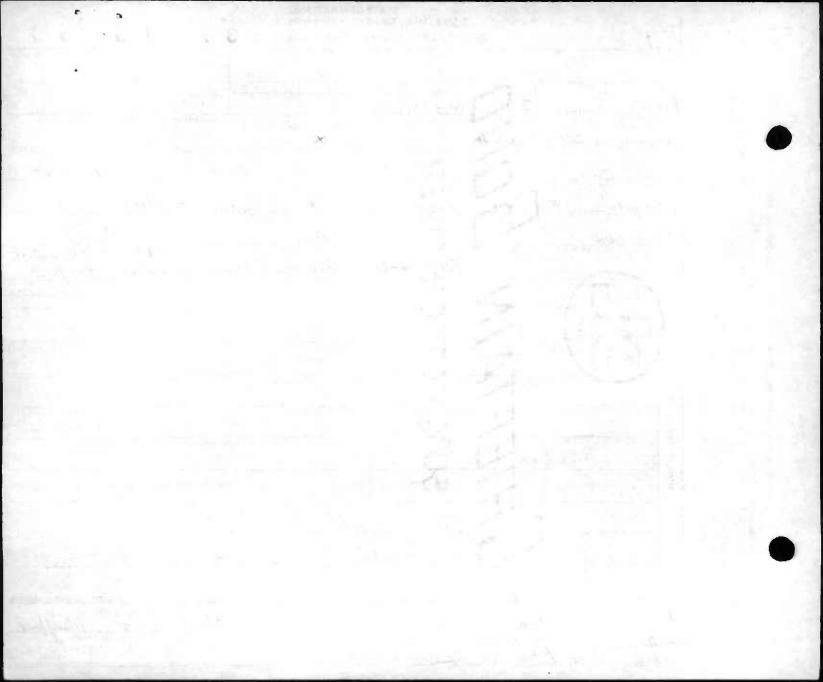
Cremation

231. NAME OF CEMETERY OR CREMATORY

ry Suitland Cedar Hill Crematory Md 250 DATE REC

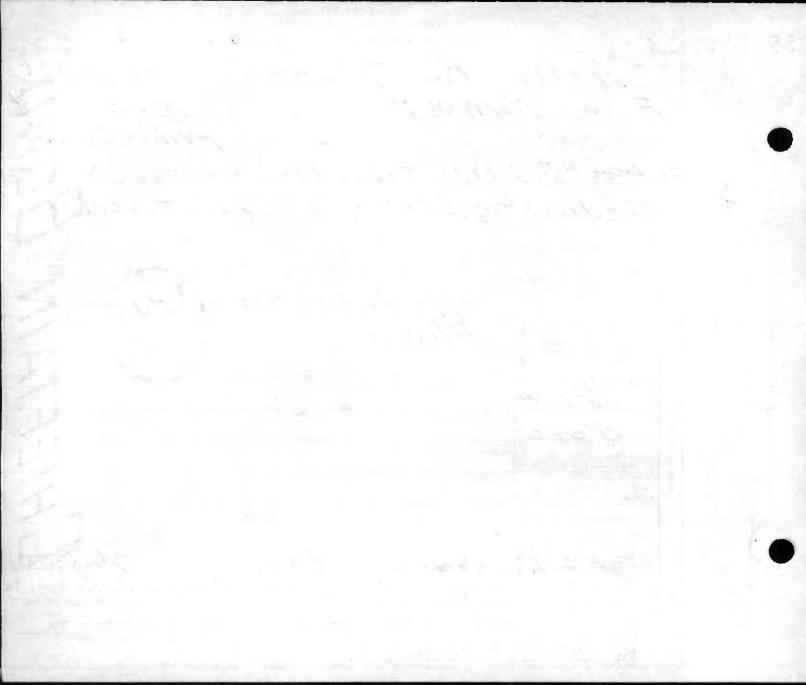


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12.6	442//	10. CI	TY OR TOWN	OF DEATH	1	I NAME OF HO	SPITAL, NU	RSING HOM	E, OR OTH	ER INSTITUTION	12a. US	UAL OCCUI	PATION (TY	PE OF WORK	126. KIND OF E	BUSINESS
/ <b>2</b> 12	28 F E	m.	akoma I	bark		Washing			ct Ho	enital	FOR	ok wor	IKING LIFE)		U. S. 60	STRY
	282	USUA	L RESIDENCE	LIE IN NURSIN	IG HOME OR I	OTHER INSTITUTION,				Spicar	Ca	ON			U.S. 00	107
ANN AND	PETA HOULD BE FILED SECORDS, 201	13a. S	TATE ,	/ 13b	COUNTY		13c. CITY	ORTOWN	2	134. INSIDE CITY LIMI	TS7 13e STR	REET ADDRE	ess	, ,	MA	014
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A A	MITH FOR		No				577	-34-6	129	Barbara	a Belto	w (grani	ddaugh	tec)	mary	land '
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ON SEE	N SERIO	-	061	N - IN	MEDIATE										-	
ZZ ES	N H SI		0.74	ins, if any,		DUE 10, 0	K AS A CUI	NSEQUENCE	OF							
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S. C.	FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VICE: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.  AND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER C	IGNIFICANT CD	NDITIONS CO.	NTRIBHTING TO DEAT	U BMT NAT BEI	A TO THE YEAR	HALL DIFFER	OR CONDITION GIVEN					1	
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O FE	55 % O	2	CONTRIBUTI					15-8,7		ight in a	House	tite				100
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E,	A A A						2 1			127						
	SEE SEE	1	22a. I cert	ify that Loc	ak charge	of the remains d	scribed abo	ove, held an	Autap	y K. Inspi	ection,	Inquiry	. 0	nd in my op	inion	
- 3E	# 6 ± ₹ 1		death result	red from:	Natural	couses 4	Acedent	X , (Su	ide _	Hamicide L	. Undet	termined mo	onner,			
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m 0	D H ×		ACTUAL SIGNATURE	WI	1111	IAIN	ML	11/11	MU	Assista	ant			DATE	5-16-8	37
<b>5</b> ∓;	S S S S	./	SIGNATURE	-	مممم	~	//		M	N. P. D. D. T. D. C.	MED MED	ICAL EXAM	AINER	SIGNE	0 20	
LE	Z Z Z		EXAMINER'S	NAME		Donnie	F //c	myth,	M D		111 Pe	nn St	reet			
<b>9</b>	PAGE 4 SHOULD BE FORW TO FUNEARL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYAND) 2		(TYPE OR PRI				F.V.	my CII,	ri.D.	ADDRESS						
¥0.	0 F < 0	739	RIAL CREMA	TION, REM	OVAL 23h	DATE	235.	NAME OF CE	METERY O	RCREMATORY	23d LC	OCATION	1	- COLIF	4TY	STATE 4
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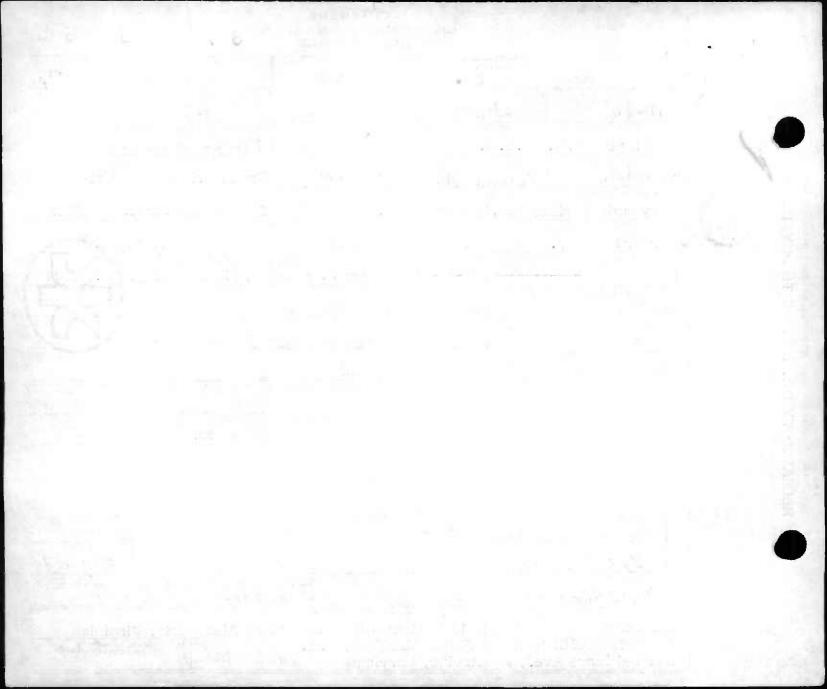


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			FOR		D		TE OF MA	ARYLAND AND MENTAL H	AVGIENE			
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0 0 1	1 (1 0011	1 DE	CEASED NAME E OR PRINT)	FIRST / 1 -		MIDDIE	7	sť	2a. DATE KN	NOWN   MONTH	DAY YEAR	Zb HOUR
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8	25 E	3 SEX	P 4 RAC	MONTH	OF BIRTH	VEAR LAST BIRTHO	ARS IF UNDE	DAYS HOURS	MIN. PRONOUNCE DEAD	ED 117	5 / P	1632
SAP	A TO		RTHPLACE (STATE OR	7b. CITI	ZEN OF WHA	AT COUNTRY?	RS.		9 BALTIMO	RE CITY OR COUN	TY OF DEATH	1 PW
0	監修う		anassas \	rirginia	U	SĄ	WIDOWED		//1	ineci	Ferr	S MD.
¥.	# 15 P	10 CI	TY OR TOWN OF DEA	TH 7 II NAM	ME OF HOSP	ITAL, NURSING HOME	OR OTHER	RINSTITUTION	120. USUAL OCCUPA FOR MOST OF WORKIN	IG LIFE)	126 KIND OF NO	
490	ON THE CO	USUZ	S EVICED	RSING HOME OR OTHER IN	ISTITUTION CIVE	RESIDENCE BEFORE ADMISSI	ber	- P1.	Secret	ary	USG	ov't
11201 ANY	188	13a. S		POCOUNTY 6	1-04105	131 GITY OF TOWN	11/13	YES NO	130 STREET ADDRESS	7-69	X APPIS	17
MD.	""	14 F/	ATHER'S NAME	MIDDLE	J S	TOTAL	70	5 MOTHER'S MAID	MIDE	1 1 2 0	1457	
DRE,	9880	-	John John	С		Whitme:		Clara			Hitli	nger
TIMO	SESTERAL /		VAS DECEASED EVER	IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA		579-16-		Donald 1	R Johnson	ADDR5403 1		
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/. PR	MINER MINER TRANS ENTAL OR RE		Conditions, if a	immediate	(b)	blesho	1					
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FVII	THE CHILD BE L	ERTI	210 EXTERNAL CAUS		16 TIME OF I		21c. HOV	W INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P/	YES [	NOW
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O NH	ORWARING ORWARDED TO ORWARDED TO OR PAGE 3 SH TE STATE DEPA UD, 21201 PRICE		WHILE AT WORK AT W	ORK								
ė			TO AND A STATE OF	took charge of the r			Autopsy	L. Inspection		, and in my of	pinion	
	CERTIFICATION BE FOR UNID BE FOR WITH THE WARYLAND	134	death resulted from	. Natural causes	S & J.	Accident L., Su	ncide,	TITLE (SPECIFY)	Undetermined monr	ier [_],		
	出る <b>を</b> 上が、 <b>一</b>		ACTUAL SIGNATURE	911	10	carre	M.D	Ban	MEDICAL EXAMIN	DATE SIGN	May 3	11881
200	A SPET		EXAMINER'S NAME	John S	Roger	ZMD	)	791	9 Seminar		lver Sr	og M
2	EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	73a P	URIAL, CREMATION, R	CHAIR-STREET, EXC. 10		23c. NAME OF CEA		DDRESS	23d LOCATION	2 100 01.	- / O - D	37 *1
07/84	BP	(:	Burial	6-	3-87			theran (		Manassa		TATE
25M	DHMH - 17	24 F	NAME ROBERT	E Wilh	e Imress		500		REC'D. BY REGISTRAR	256 REGISTRAR'S		
()	/R A15 ME (5))		Funera	I Home	S	uitland,	Md.		JUN5 1987	Bullio M.	A -0 I	



			FOR			0504074		UF MAKTLAND					
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e e	20	3 SE	X		4 RACE		5 DATE C		-	AGE (IN YEARS LAST BIRT	HDAY)	ONTHS DAYS	IF UNDER 24 HRS
9 e 6	rs of		Male		WH	HITE	O3	14	YEAR 40	47	YRS	DATA DAYS	HOURS MIN.
	Po de	7c. 8	RIHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MAR	9	BALTIMORE CITY O		OF DEATH	
- Page	Nº 6		ashington		U.S.A		WIDOWE	D DIVOR	CED 🗌	Prince	reor	ges	MD.
1	雪白	_	ITY OR TOWN OF DEA	ТН	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	R OTHER INSTITU		20 USUAL OCCUPATE	E WORKING LIEFT	INDUSTRY	F BUSINESS OR
AN AN	y led		iverdale		Zelan	d Men	PIOCIA	HOSP		Truck Driv	ver	Uni	on
	136	15U	AL RESIDENCE (IF NURSI					13d INSIDE CITY I	LIMITS?	5618 Ruata	ZIP CODE		
MARYLAND 3 HYSICI red within 24 h	FINAL	-	aryland	Princ	ce Geo.	Berwyn	Hgts.				n Stre	et	20740
YSI		n_	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE		LA51	
PH PH	- Sandrage of	100	ernard	J.	.fn concern	Johnso		Emily	240 5			rchwar	a
O F	and	. (	VAS DECEASED EVER		WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT		Randolph		. 11.1	20001
TC	S. Pe	N N	0			212-38-4		Roy P.	Jonnso	on, Silver	Spring		
S T	hysic pape aval		18 CAUSE OF DEATH PART I. DEATH W	H (Enter onli AS CAUSED	y one cause per	line for (a), (b), one	dic.	0.1				BETWEEN	MATE INTERVAL
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₽ O €	e car		Condition of		DUE TO, OF	AS A CONSEQUE	NCE OF	TECT	201	BLEZD	1020	1.7	
N O	RO he de de mariematica de la companion de la		Canditions, if any,	nediote	(b)	'		185110	VAL	BLEED	rug.		
3 5	by the		cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF										
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BY D	priorio any	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORME	ED	20a AUTOPSY?		WERE FINDIN	
AL RI	has be	Ē								YES NOXX	YES		NO [
N K	ransi Hyg Hyg		21a. ACCIDENT WAS UND		216 TIME OF	INJURY A. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	ET I OR PART 2)	
AS SICIAL 19 ph	certification in the middle in	CAL	(IF EITHER NOTIFY MEDIC		**		19						4 10
RELEASE NG PHYSICIAN aftending physic	this do	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NO WEST	After as ti lth a		AT WORK NOT WH	×			(10)	13				.,,	
N D	T USe Hea		220.1 certify that (1) saw the decease		ol) oftended the	deceosed from_	277	12	9 8	_, to	, 10		hat (I: (we) last
ATT	ECT ed fo or of or of		abave, (I) (we) (d 22b. SIGNATURE	id) (did not	view the body	ofter death.		DEGREE	) obinion dec	oth occurred on the do	ite and hour	22c DATE S	
S a	tach e Del		7112	7/	20				NDING /	MEDICAL STAF DIRECTOR PHYSIC	F	The DATE	2/27
PITA	Stot ANT	1	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT			22e ADDRESS	SICIAN	DIRECTOR   PHYSIC	IAN	3/1	-107
HOSP	should be di		YEDD S	Sna )	4 Va				4	rencieve	2041 40	737	105
0 e	5 42 3 A	23a 8	BURIAL, CREMATION, I	REMOVAL	236 DATE	23c N	IAME OF C	METERY OR CREA		DALE M	1) 20	737	
ВР		C	remation		May 1	4 1987	Metro	politan C	remate	ry Alexan	dria	Virgini	STATE
	I - 16 60M 7/84	24	RANGISIC	ASCH	'S SON	S FUNER	AL H	OME, P.A	250 DATER	REC'D. BY REGISTRAR	256 REGISTE	ARS SIGNAD	JRE
	VRA 15, 4)	4	739 Baltimo	re Av	e., Hya	attsville,	Mary	land	MAY	1 8 1987	ادين . د	A. K.	

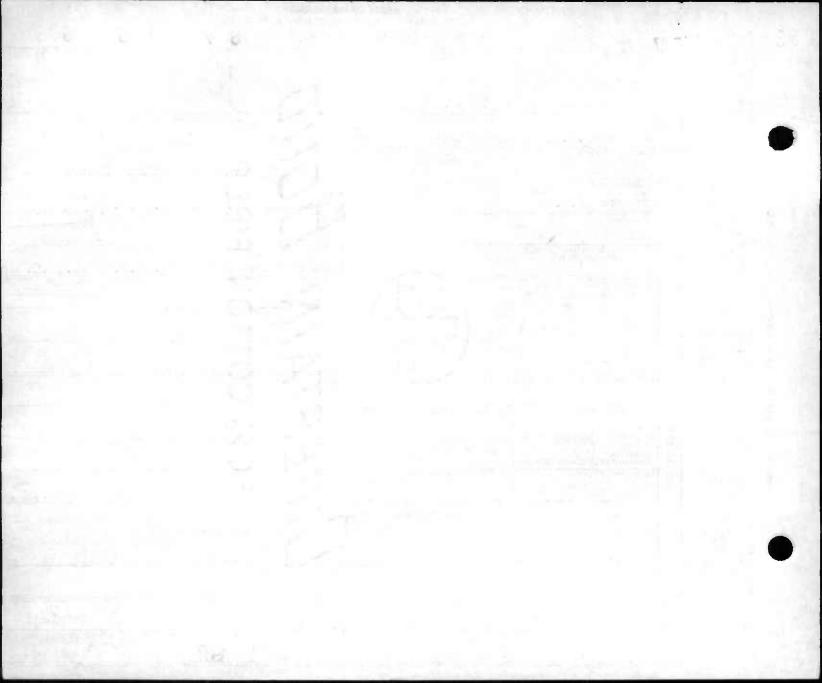


1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL HYG	8 /REG. N		5	5 4
- STATE CENTERCATE OF DEATH &										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  SECURISERA  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRAR  DEPEASED NAME  IPPEGARRON MAN  IPPEGA						IF UNDER 24 HRS				
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llo y	VAS DECEASED EVER	IN U.S. ARMI	D FORCES?						ephero	1
9	YES NO OR UNKNOWN)			227-14-	2202	Nancy B. J	ohnston	-Sam		
TION	gave rise to imm cause to stating underlying cause PART 2 OTHER SIGN	ediate g the last.	DUE TO, OF	R AS A CONSEQUI	V N D E	NOT RELATED TO THE TERM				
RTIFICA		1 - 5			OPERATIO	N WAS PERFORMED		INCERTIFY	ING CAUSES C	OF DEATH?
CAL CE	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH D		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INAL	JRY IN ITEM 18 PAI	RT I OR PART ?)	
MED	WHILE I NOT WHI	ILE [			ARM ETC 1	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	sow the decease above, (I) (world) 22b SIGNATURE  22d PHYSICIAN'S NA	d alive on the did not the ME (TYPE OR )	view the body	offer death		ATTENDING PHYSICIAN 220 ADDRESS 11701	MEDICAL STA DIRECTOR PHYSIC Livingst	on Ro	22c DATES	auses stated
{	Cremat					EMETERY OR CREMATORY  Crematorium	23d LOCATION CITY OF TOWN Waldorf	Cha	rles.	.Md.
	NAME	ral F	lome	P. Q. Waldor	Boy	7 5 6 250 DATI	RE 6 1987 STR	ME REGISTA	ARIFFIC NAME	ACC.
					7					

DHMH - 16 50M 1/81 (VRA 15, 4)

per me significant de la company de la compa Alex among to consecution. There is not established. March 6.22 Company NUMBER OF STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 053530 MY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O TEGISTRAR TO DATE KNOWN K MONTH (TYPE OR PRINT) ESTI-DEATH MATED Cedric 19 87 Adrian Jones 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYL PRONOUNCED :54 Male Black. NOV 1953 33 DEAD 19 87 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Washington, .D.C. United States Prince George's County D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Track repairman Prince George's General Hospital Metro Line Cheverly 134 INSIDE CITY LIMITS? 134. STREET ADDRESS COUNTY Washington, I.C. 337 16th St., S.E YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Oscar Adel1 Jones Chambers 17 INFORMANT Father IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS unk Oscar Jones- 3011 O St., S.E. Wash., D.C. 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM I. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCATE ALD SHOULD BE USED AS A BURIAL - TRANSIT PERMI AFFER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE. BAJTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (6) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND ONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10:434. Pedestrian struck by auto 6 19 87 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK St. Barnabas Rd @ Wheeler Rd, OxonHill, PG., MD. road 220 I certify that I taak charge of the remains described above, held an Autopsy Accident X Natural causes death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 5/7/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Balto, MD Wilkiam M. Zane, M.D. Penn St. ADDRESS (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 Maryland 5/11/87 Lincoln Memorial Cemetery Suitland 24 FUNERAL DIRECTOR BY REGISTRAR MEGISTRAR'S SIGNATURE ALEXANDER S. POPE-2617 Pa Ave SE Wash DC DHMH - 17 (VR A15 ME (5))



Few and 46 E201,45 ammi Komi - 20 h. a'maros sortes Character of the control of the cont roto arts as all tracks

## 20. DATE KNOWN HITTE OR PRINT! DEATH MATED Winfield Jones Ray 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED W 05-08-41 46 b. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY) USA WIDOWED | DIVORCED [ Prince George's County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's General Hospital Chief Lineman Cheverly LIBY COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2505 Lower Marlboro Rd/20736 Calvert Owings FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mildred Gibson Winfield Arthur Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 213 42 7304 n/a no 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD" FRUDING". IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFFER DEATH, WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Head and neck injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10:20 Am 5-251987 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY FARM, ETC.) WHILE AT WORK work 228 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Accident X Homicide Undetermined monner death resulted from: Notural couses Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT)

FOR

REGISTRAR

DECEASED NAME

23g BURIAL CREMATION REMOVAL 23b DATE

FH

Burial

Rausch

24 FUNERAL DIRECTOR

07/84

**DHMH** - 17

(VR A15 ME (5))

5-29-87

Owings, MD

20736

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF SEATH

Wilma Jean Jones (same as 13 above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 28 AUTOPSY? YES X NO . Subject came in contact with live wire 225 & Valley Rd, La Plata, Charles Co.MD and in my opinion 5-27-87 111 Penn St., Balto.MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION All Saints Episcopal Sunderland Calvert MD ulia Divider Pandala

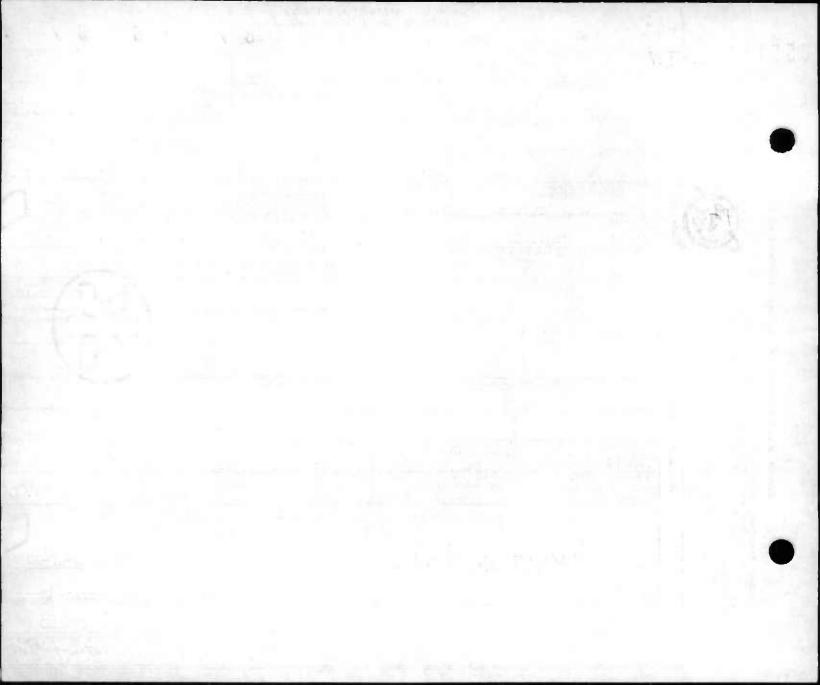
5-26- 1987

187

Electric Co.

2d HOUR

10:45



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-HOURS DEATH MATED 2 W IF LINDER 1 YR. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 20 MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD 19/ 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED WIDOWED LEONE -ovac. STERTA LEONE 126 KIND OF BUSINESS OR INDUSTRY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK USUAL RESIDENCE (IF IN NURSING HOME OR O' 130 STATE G00V9 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST LAST 5 uba Kamara Samah Jalloti 6821 W.Forrest Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 50 N Ant. 202 Landover, Md Kamara-18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 210 EXTERMAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural couses death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINED'S NAME TYPE OF PRINT ADDRES: 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

07/84 BP

24 FUNERAL DIRECTOR DHMH - 17 STATE ANATOMY BOARD (VR A15 ME (5))

REMOVAL

5-15-87

BALTIMORE, MD

DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

STATE

I'm how in my the way the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

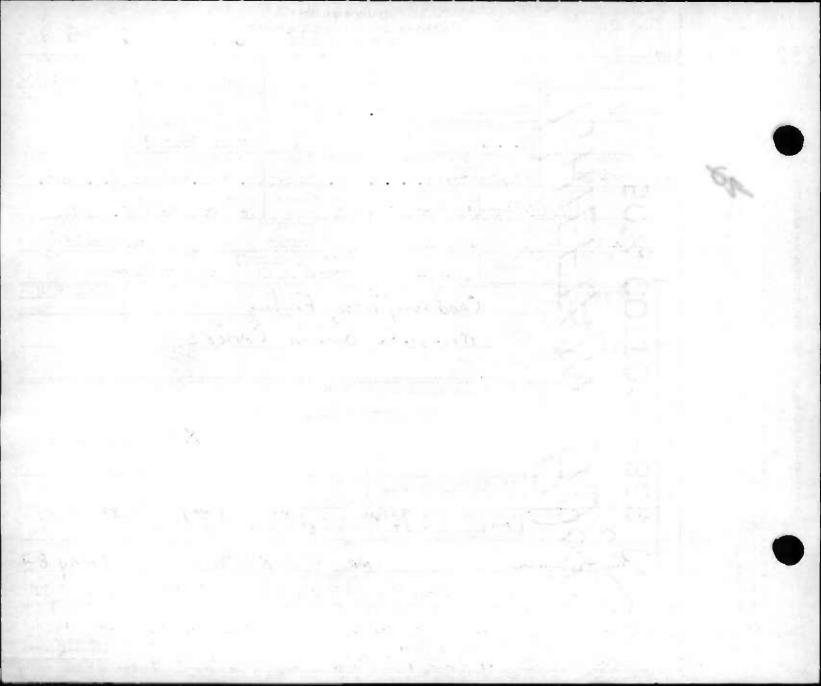
REG. NO.	5	1	S.	4
OF DEATH MONTH	DAY	VEAD	24 14	OLU

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2 1 2 1
1	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	RES	KEITH	MAY	1, 1987 10:45pm
1	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	Female	Caucasian	Nov. 22, 1930	56 YRS	
d	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
2	Ohio	U.S.A.	WIDOWED DIVORCED	Distriction Consessor	S MD.
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II	NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	12h KIND OF BUSINESS OR
A	Camp Springs	Malcolm Grow U.	S.A.F. Med. Cente		
	USUAL RESIDENCE (IF NURSING HOME OF		RE ADMISSION) WN \$13d INSIDE CITY LIMIT	S? 13e STREET ADDRESS / ZIP CO	DDE
	MD 130. STATE 13b. COU	ce George's Oxeni		7904 Oxen Hill	Rd. 20745
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	N AME MIDDLE	LAST
	Vincent	Kwiecie			Bienkowski
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	(110		2
	no n/a	282-26-		eith same as 1	A Committee of the Comm
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		TE CAUSE (0) LARCIS		: lufe	
		DUE TO, OR AS A CONSE	ATICE OVARIAN	CANCER	
	Conditions, if ony, which gove rise to immediate	(b) 11/21A5	tate OUARIAN	CANCER	
	cause (o), stating the underlying couse last	DUE TO, OR AS A CONSEQU	JENCE OF		
		(10)	DE ATHRUT NOT BELATED TO THE	TERMINAL DISEASE OR CONDITION (	CINEAR IN DART 1
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION C	SIACIA IIA LWKI IIO
7	190 DATE OF OPERATION  190 DATE OF OPERATION	195 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
4	IFIC			YES NOW IN CER	YES NO NO
3	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM I	
ì	OR CONTRIBUTING CALLES OF DE		DAY YEAR		
۱	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
-	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) STREET	EIITORIOWIN	SIAIL
1	220.1 certify that (1) this hasp	nital attended the deceased from		37 10 [MAY	. 19 87 , that (11 @ last
-	sow the deceased alive or obove (1) we) districted no	at) view the body after death.	87, and that in (my) (60) opi	nion death accurred on the date and h	nour and from the causes stated
	22h SIGNATURE		DEGREE		220 DATE SIGNED
	Key Curs	-	MD PHYSICIA	MEDICAL STAFF	1 MAY 87
	ZZE PHYSICIAN'S NAME (TYPE		22e ADDRESS		1477
	KORY G. COF	RNUM, CAPT, USAF	, MC MALCOLM (	GROW USAF MED CEN	AAFB, MD 20331
	230 BURIAL, CREMATION, REMOVAL	L 23b. DAΤΕ 23ε.	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
	Cremation	May 3,1987 Le	e Crematory		nce George's MD

FOR

May 3,1987 Lee Crematory
Lee Funeral Home, Inc. DHMH-16 60M 7/84 (VRA 15, 4)6633 Old Alexander Ferry Rd., Clinton, MD 20735

Clinton, Prince George's MD



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## STATE OF MARYLAND

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1	FOR STATE REGISTRAR			DEPARTM		REALTH AND MENTAL FICATE OF DEATH	HYG	IENE 8 / REG. NO.	1 5	1	6	0
111111111			Ellen	ADDLE LAST			26. DATE OF DEATH MONTH DAY YEAR 25 HOUR STORES OF STORE					
FEMALE WHIT			MONTH DAY YEAR			91 YRS.						
Ohlo					MARRIED NEVER MARRIED WIDOWED DIVORCED		PRINCE GE	UNTY OF DE	5 6	UNI	TYMD	
LARGO			11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOSPITAL NURSING HOME OF HOSPITAL NURSING HOME ADMISSION.					120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR  NYSICAL Therap	KING HEEL ING	KIND OF DUSTRY Id. S	/	SSOR
The same	M.D.	Tab COUN		134 CITY OR TOWN	4	13d. INSIDE CITY LIMIT	,	13. STREET ADDRESS / ZIP 5931 15th Av	code	2078	2	
FRAVK			MCC HINTOC			Cather	<b>3</b> WIDDIE	G	DUIN	Tor	<u> </u>	
	WAS DECEASED EVER HEL NO OR UNKNOWN) O		MED FORCES? E WAR OR DATES)	113-26-6		Thomas Q.	. Ma	ac Clintock, S	ame as	s line		_
NO	Conditions, if any gave rise to improve the to improve the to improve the total state.	which	DUE TO, OF  DUE TO, OF  DUE TO, OF	AS A CONSTOUE	NCE OF	Shoc hic + p	A P	EUMPU"	DN GIVEN IN			
MEDICAL CERTIFICATION	THE DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b IN C	IF YES, WER CERTIFYING YES [	E FINDING	GS USED OF DEATH	12
		AME (TYPE &	P./ 21e PLACE C (AT HOME, STR I) Attended the i) view the bady	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA e deceased from 19 after death.	19 ARM, ETC.)	211 LOCATION STREET	86 inian d	CITY OR TOWN  CITY OR TOWN  The state of injury in it is a state of injury in it injury in it is a state of injury in it is a sta	19 2	ounty  The the co	ot (1) {w	ted
77. 1	HIGHAL COCHANTION	DE SAPSULAT	TOO DATE	122, N	AME OF	EASTERY OR CREATAT	OBV	Tasa LOCATION				

DHMH - 16 60M 7/M4 (VRA 15, 4)

Burial

May 13, 1987 Ft. Lincoln Cemetery Brentwood, P.G., Maryland "FRANCIS GASCH, S SONS FUNERAL HOME, P.A 4739 Baltimore Ave., Hyattsville, Maryland

May18,1987

24 FUNERAL DIRECTOR Lee Funeral Home, Inc

663B Old Alexander Ferry Rd., Clinton, MD 20735

1 - STATE Item #5, Film G628 6-5-87

Burial

DHMH - 16 50M 1/B (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Wilson 17 INFORMANT (daughter) 2408 Glenview Rd. Marilyn Atamian Glenview, ILL 60025 206. IF YES, WERE FINDINGS USED S OF DEATH? red on the date and hour and from the causes stated Cedar Hill Cemetery Suitland, Prince George's, MD 250 DIFFECT BEET BAR 250 REGISTRAR'S SIGNATURE

25 HOUR

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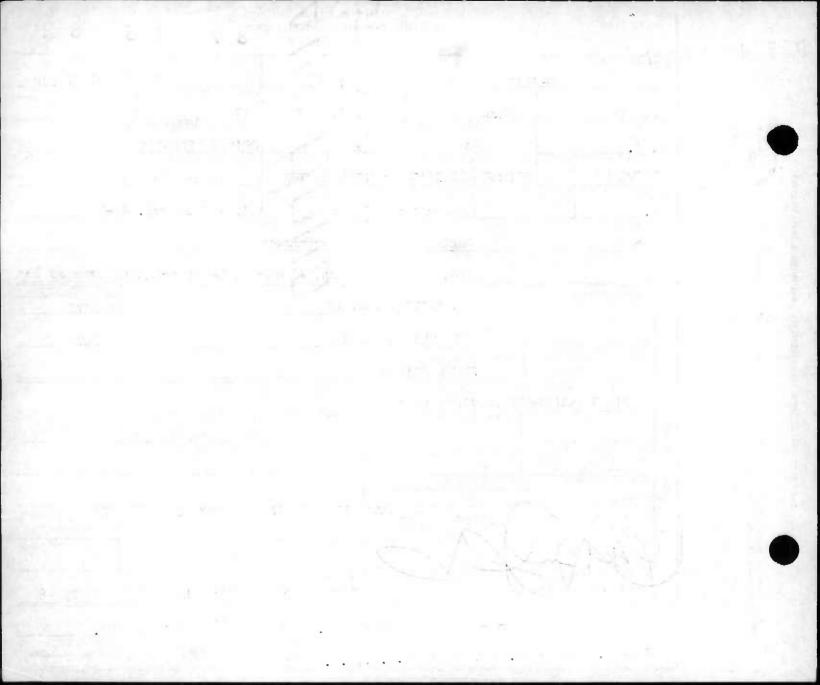
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1	FOR		DEDADTI		E OF MARYLAND EALTH AND MENTAL HYG	IENE		are to	
1.	STATE REGISTRAN		DLIARI		ICATE OF DEATH	8 / REG. N		5 !	0 4
	CEASED NAME 1951		MIDDLE	l	AST		MONTH	DAY YEAR	26 HOUR
		ALIE			CENT		05	26 87	7 09P
3. SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIS	THDAY)	MONTHS DA	AR IF UNDER 24 HE
	Female	Black			eb 3, 1920	67	YRS	5.	
Fa B	RTHPLACE (STATE OF TOTEIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	R COUN	TY OF DEATH	
	. C.	US	SA	WIDOWE		PRINCE GEO			
pro	CHEVERLY	CIF NOT IN SUC	HEACILITY GIVE STREET	ADDRESS)	TAL CENTER	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Housew	OF WORKING		O OF BUSINESS ORY None
Me	AL RESIDENCE (4 MINIMA HOME CONTACTE 136 CO	ROTHER INSTITUTION	Bladensb	E ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗋	13e STREET ADDRESS 4267 58th			287K
J. F	Wade	MODUL	Porter		15. MOTHER'S MAIDEN NA. FIRST Unknow	MIDDLE			LAST
1	NAS DECEASED EVER IN U.S. A VES NO DEUNENDWN; (FIEL G	RMED FORCES? NE WAR OR DATES!	Unknown	JRITY NO.	Mrs. Aleth	a M. Lemon/		hter/sa	me as 1
-	18. CAUSE OF DEATH (Enter of	al		ed (e.v.)	THE THE COL	G 111 D010011,			OXIMATE INTERVAL EN ONSET AND DEAT
	PART I. DEATH WAS CAUS	ED BY:	RESPIRAT		ATLURE			4 D	
NO	part 2 OTHER SIGNIFICANT RIGHT PULMO	CONDITIONS CO		I LURE	NOT <b>RE</b> LATED TO THE TERM	NINAL DISEASE OR CON	IDITION (	GIVEN IN PART	lia
CERTIFICATION	1% DATE OF OPERATION				WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH?
100	21¢. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DRIVING CONTRIBUTION OF CONTRIBUTION OF DRIVING CONTRIBUTION OF DRIVING CONTRIBUTION OF CONTRIB	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 1	18 PART I OR PART	2)
MEDICAL	214 INJURY OCCURRED	21e PLACE (AT HEMAL STO	OF BAJURY BEET, FACTORY, OFFICE, Y	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
1	27s I certify that (I) (this your specific discussed alive a prove. (I) (woulded include			MAY 37	17, 19 87 and that in (my) (our) apinion	, ta MAY death occurred on the d	late and h	. 19 <u>. 87</u> nour and from 1	_, that (I) (we) li the couses stated
	Mellen	W	X	7	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		22c DA	ATE SIGNED
1	MELVIN GERAL				22e ADDRESS 7940 JOHNSON	AVENUE GLE	EN AR	RDEN, MI	20706
	BURIAL CREMATION, REMOVA	6-1-			emetery or crematory by Mem. Park	23d LOCATION Tandov		Md.	STATE
24 F	UNERAL DIRECTOR  John T. Rhines	Co.,301			250 DAT	E REC'D. BY REGISTRAR			NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT If her 21 is marked as then 18 shows any mary or other tra

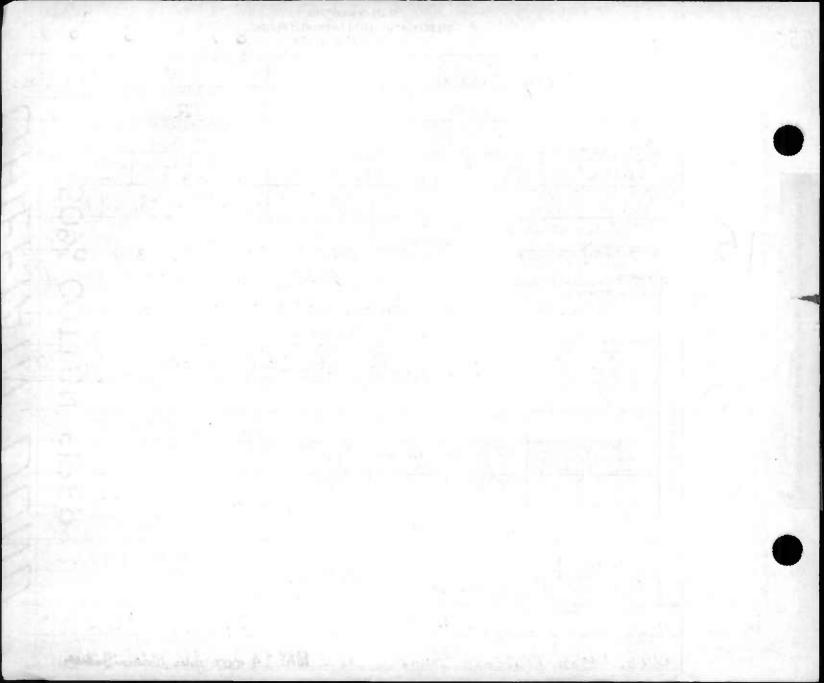
TO FUNERAL DIRECTOR, After this certificate has been should be detached for use on the bursal-training permit with the State Dept. of Health and Aleman Mygiere prior as the State Dept. of Health and Aleman Mygiere prior



					STATE	OF MARYLAND						
3909 111.43	) 0	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG CATE OF DEATH	8	REG. NO.	1	5	5	j
noy be poge 3		CEASED NAME FIRST	HU F	15 het	Kra	ies Ki	20 DATE OF		HINO	11 8	7 H	40 <sub>pm</sub>
e 4 moy	3. SE)	Female	1. JACE	Ruca.	5. DATE O	F BIRTH	6 AGE (INY	EARS LAST BIRTHI	YRS.	IF UNDER LY	EAR IF UND	ER 24 MRS
oth. Pag		RTHPLACE (STATE OR FOREIGN OUNTRY)  Martyland	76. CITIZEN O	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMO	RECITY OR		OF DEATI	Н	MD.
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lilled in uld be f	USU/ 13e. S			13c. CITY OR TOV	VN ,	13d. INSIDE CITY LIMITS?		ADDRESS / Z		urel,	Hd. 8	20707
ed within		THER'S NAME James	NOVE . E.	SELWA	Y	IS MOTHER'S MAIDEN NA	MA	MIDDLE		F	ishe	r
medical			MED FORCES? WAR OR DATES)	213-18		D Maria	n Da	nald.	son	La	6 +h	Md.
Physician control of the control of		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	y one cause p D BY: E CAUSE (9/2	1-110.	claror	tu Cardo	Vase	len J	esea	BETW	PROXIMATE IN FEEN ONSET A	40.00
deoth cert		Canditions, if any, which	DUE TO,	OR AS A CONSECU	JENIĈE OF	mellites					yes	5
by the assertement of the remo		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO,	Mark	SENCE OF	Dealis	tes Ir	les	2		Ine.	ulte
equires in the ball	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO	BEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASI	E OR CONDI	TION GIV	EN IN PAR	Tla	
on.	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	NO	IN CERTI	S, WERE FIN FYING CAU S	VDINGS US ISES OF DE NO	ATH?
SICIAN: The map physicio certificate innol-transit entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH E P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY	IN ITEM 18	PART I OR PAR	T 2)	
G PHYS offending er this ci s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE.	FARM, ETC )	21f LOCATION STREET		City OR TOWN	4	COUNT	Y	STATE
TTENDIN pitol or TOR: Affor use o of Health		22a.l certify that (1) (this hospi saw the deceosed alive on above, (1) (we) (did) (did na			87 . or	d that in (my) (our) opinion	deoth occurre	ed on the date	and hou	19 /		(we) last
the hosp the hosp AL DIREC letoched the Dept T: If them	7	The Signature College Co	V. 4	Lower	10	DEGREE ATTENDING PHYSICIAN [	MEDICAL	STAFF  PHYSICIA	W []	221 D	ATE SIGNE	-87
retoined by th TO FUNERAL should be deto with the State		ROYANDO D	600	como		220 ADDRESS CA 101	cher	The	~	070	7	
Bb share	23a. E	URIAL, CREMATION, REMOVAL	May	14 1987	NAME OF C	Mary S	La LOCA	ATION ORTOWN	/	M	1	STATE
	24551	INTERAL DIRECTOR	-		1	125- DA	TE DEC'D DY D	ECICTO A DIST	L DECIC	20 2 2 2 2 4 0 7	PULLYALIA	

BP\_ DHMH - 16 60M 7/84 (VRA 15, 4)

24 EUNERAL DIRECTOR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death attending physician.

retained by the hospital ar

BP.

moy be

within 24 hours after death. Page 4

	MARY	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

7 1	5	5 .
REG. NO.		

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
	OP POINT	ouise	M.	Kri	emelmeyer	May 23,	1987 26 HOUR
3. SEX	Female	4 RACE	hite	5. DATE C	r. 12, 1893	6. AGE (IN YEARS LAST BIRTHDAY) 94	IF UNDER LYEAR IF UNDER 24 HI
	THPLACE (STATE OR FORE) Washington,		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Prince Geor	
10. CITY	Y OR TOWN OF DEATH Hyattsvil		HOSPITAL, NURSIN CHEACILITY, GIVESTREET A A ttsville		ing Home	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INC. HOUSEWIFE	12b. KIND OF BUSINESS INDUSTRY OWN home
	RESIDENCE (IF NURSING PATE 136	home or other institution COUNTY Montgomery	Silver	sprin	13d. INSIDE CITY LIMITS?	12 STREET ADDRESS / ZIP CO	or Dr. 20901
M FAT	Joseph	WIDDLE	MIDDLE K1 LAT		Anna	WIDDIE	(unknown)
160, W/	AS DECEASED EVER IN L	U.S. ARMED FORCES? FYES, GIVEN APPROPRIATES)	579-60-1		17 INFORMANT Louise Kriem	ADDRESS elmeyer-daughte	r-(mame as 13e
	18 CAUSE OF DEATH IE PART J. DEATH WAS	inter only ane cause per CAUSED BY: MEDIATE CAUSE (a)	circul	dien for	y Jail	uri	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if any, wh gove rise to immedi couse (a), stating underlying cause le	hich (b)_	CONSEQUE OR AS A CONSEQUE OR TO SO	HCE OF	Heart for	early disease	year
l L							Gerry
	org	anic h	rental		Syndron		GIVEN IN PURT 110
		anic h	rental			200 AUTOPSY? 206 IF	
CERTIFICATION	PO DATE OF OPERATION  710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E	N 19b. COND  YING 12b. TIME C  HOUR A  EXAMINER)	DE INJURY  .M. MONTH DA	OPERATIO	N WAS PERFORMED  216. HOW INJURY OCCUR!	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	O POPE OF OPERATION  710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	N 19b. COND  YING 19b. TIME C HOUR A EXAMINER) P  21e. PLACE (At HOME ST	DE INJURY  M. MONTH DA	OPERATIO AY YEAR 19	Syndrum N Was PENFORMED	206 AUTOPSY? 206 IF IN CER YES NOT IN TEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF ETHER, NOTHY MEDICALE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this sow the deceased of abave, (1) (we) (did)	PINIC 19b. COND  19b. COND  YING 19b. COND  HOUR A EXAMINER)  21e. PLACE (AT HOME ST	DE INJURY  OF INJURY  OF INJURY  REET, FACTORY, OFFICE FA	OPERATIO  AY YEAR  19  ARM.EIC)	216. HOW INJURY OCCUR!	200 AUTOPSY? 200 IF YES NO NOTE:  YES NOTE:	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  NO COUNTY STATE  NO COUNTY STATE
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (WE EITHER, NOTHY MEDICAL E 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this sow the deceased of	PINC 19b. COND  YING 19b. COND  YING 19b. COND  HOUR A  EXAMINER) 21c. PLACE  (AT HOME ST  is haspital) attended the solve an 19c. Years  In the solve and Years  In the years  In the solve and Years  In the solve and Years  In the solve and Years  In the yea	DE INJURY  OF INJURY  OF INJURY  REET, FACTORY, OFFICE FA	OPERATIO  AY YEAR  19  ARM.EIC)	211. HOW INJURY OCCUR!  211. LOCATION STREET  214 LOCATION DEGREE  ATTENDING	200 AUTOPSY? 200 IF YES NOW IN CER RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	GIVEN IN PORT ITO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE  COUNTY STATE  19 14 that   1 (we)

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 hours after death hould be detached for use as the burial-transit permit. Then please remove carbon papers, Page, 1 and 2 fibuld be filed within 72 hours after death the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Burrar

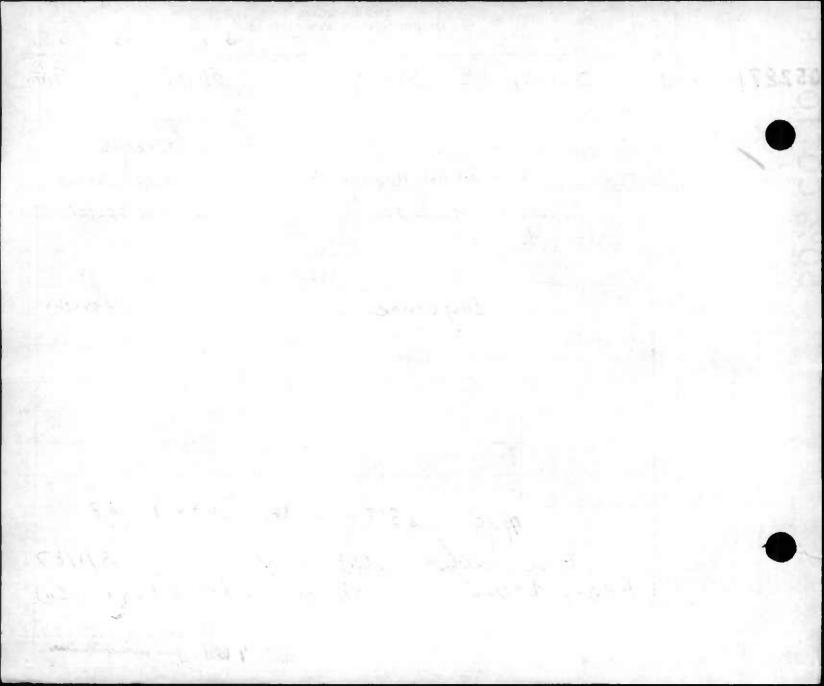
HILL Cemetery

PA FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home Silver Spring, Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE

and form

- 1				STATE OF MARYLAND				
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 /	15165		
1V 0	I. DEC	CEASED NAME FIRST OR PRINT!  BEVER	MIDDLE K	UGEL		MONTH DAY YEAR 26 HOURS		
11 -0	3. SE		1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	1 1 5 7 5 191		
- 3		female	white	NOV 18, 1937	49	MONTHS DATS HOURS MIN.		
5/2	Pa 81	OUNTRY)  STATE OR FOREIGN  Indiana	Th CITIZEN OF WHAT COUNTRY!		7	REORGES MD.		
ZA	100	NTON	11. NAME OF HOSPITAL, NURSI SOUTHERN MA.	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (17PE OF WORK FOR MOST OF WORKING (1FE) INDUSTRY			
	13a. S	AL RESIDENCE OF NURSING HOME OR TATE MD 136 COUN Ca 1	OTHER INSTITUTION GIVE RESIDENCE BEFOR  TY 13c CITY OR TOV  Vert Prince	Fred YES NOTHER'S MAIDEN NA	ME MIDDLE	wood Drive/20678		
O die		VAS DECEASED EVER IN U.S. ARA	Smith MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PR		L. ADDRE	Toombs		
2		yes 1958	3-61 264-54	-5004 William L.	Kugel (s	ame as 13)		
ury, or other traumatic e	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T		inal disease or coni	TWONTHS  DITION GIVEN IN PART 110		
di A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY2	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		21c HOW INJURY OCCURE				
2	MEDICAL	21d INJURY OCCURRED  WHILE OF NOT WHILE OF NORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC ) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE		
21.6.76		220 I certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not	104	9 c7 , 19 S6 , and that in (my) (our) opinion (	death occurred on the do	te and hour and from the causes stated		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22b. SIGNATURE	1 Kolo	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP			
MPORTANI		122d. PHYSICIAN'S NAME (TYPE OF	172e2	8926 GLORAY	nes Red (	Churca Mas		
7	(	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 5-4-87 MG	NAME OF CEMETERY OR CREMATORY eadow Ridge	23d LOCATION CITY OF TOWN Elkridge			
1/81	24 FL	NERAL DIRECTOR Rausch FH	Owings, MI	I A A A V	7 1987	75b.REGISTRAR S SIGNATURE		



	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLANI EALTH AND ME ICATE OF DEA	NTAL HYG	8 /	G. NO.	5 1	6 0	
4		EASED NAME DR PRINT)	FIRST - ober		B.		ut z		20 DATE OF DEA	H MONTH	19,1987	26 HOUR	D M
	3 SEX	Male		RACE White		5. DATE O	DAY	YEAR		6 YR			MIN.
		THPLACE (STATE OR DUNTRY) ennsylvar		United :	States	MARRIED X NEVER MARRIED			Prince Georges				
9	5;	Ver Spri	Hoty	OSPITAL, NURSIN CLUTY, GIVE STREET, COSS HO	spita		JTION	Driver 1			OF BUSINESS	5 OR	
1				ce Geo.	Riverda	le le	YES N	LIMITS?	5002 SOI	ess / zip co merset	Rd 207	83	
)	14 FATHER'S NAME		Kutž			IS. MOTHER'S MAIDEN NAM				Temp	Templin		
	160 WAS DECEASED EVER IN U.S. ARM			ARMED FORCES? 16b. SOCIAL SECURITY NO.  GIVE WAR OR DATES) 577-01-7098			Robert				ollton Pa		
		18 CAUSE OF DEAT PART I. DEATH W  Conditions, if any, gave rise to imm couse (a), stating	AS CAUSED  IMMEDIATE  , which nediate	DUE TO, OR	AS A CONSEQUE	A C NCE OF	ass	es		,	APPR BETWE	OXIMATE INTERVI	0
	CERTIFICATION	PART 2. OTHER IGI		ONDITIONS CO		DEATH BUT		746	INAL DISEASE OR (	20b IF IN CEI	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES	DINGS USED	7
1	MEDICAL	210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDITAL PROPERTY OF THE PROPERTY OF TH	CAUSE OF DEATH CALEXAMINER) RED	P.A. 21e PLACE C	A. MONTH DA	19	216 HOW INJU	RY OCCURR	RED (ENTER NATURE O	FINJURY IN ITEM	18 PART 1 OR PART 2	STA	TE
	1 B	22a I certify that (I) saw the deceas abave, (I)	(this hospital	19 W	1000 190		DEGREE ATT		death occurred on the MEDICAL DIRECTOR PH	STAFF		that (I) (we he causes state TE SIGNED Way &	riosi

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 2

230 BURIAL, CREMATION, REMOVAL Burial May 23,1987 Fort Lincoln

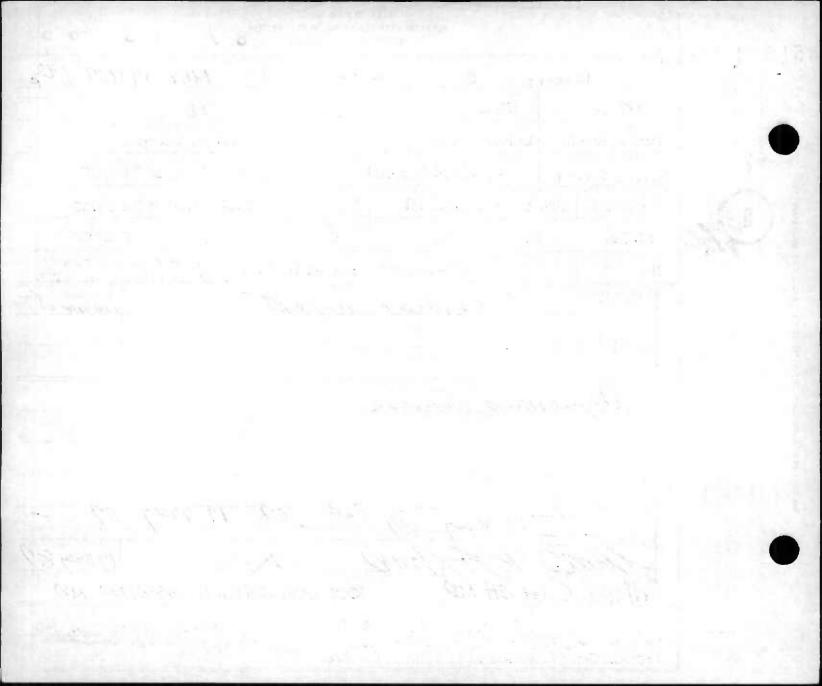
Prancis Gasch's Sons Funeral Home P.A.

4739 Baltimore Avenue Hyattsville, MD 20781 Burial

230 NAME OF CEMETERY OR CREMATORY Fort Lincoln

2309 SHOKEFIELD RD WHEATON

Brentwood Prince Geo. MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DAY 75 HOUR 20. DATE KNOWN DX) TYPE OR PRINTI OF ESTI UNERAL DIRECTOR. FEW YOUR FILES. WITHIN 72 HOURS Brian 31/19 DEATH MATED 87 Paul LaMade IF UNDER 1 YR 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE 1:00 Caucasian April 21 1954 33 RONOUNCED Male DEAD 31/19 87 PM 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED EOREIGN COUNTRY Maryland U.S.A. WIDOWED [ DIVORCED Prince George's County IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince George's General Hospital Cheverly Construction Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20745 NO [ 6407 Livingston Rd. Maryland Prince George 13d INSIDE CITY LIMITS? Oxon HIYI #301 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Turney Paul LaMade Margaret MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** IYES. NO. OR UNKNOWNS Susan LaMade College Park, Md. No 217-64-8758 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 3 SHOULD BE LISED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREM CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70 AUTOPSY? YES S NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 12:35 XX 5/31/ subject shot 71e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 CITY OF TOWN WHILE AT WORK parking lot Sunnybrook Tavern, 900 Livingston Rd., Oxon TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORW
TO FUNEAL DIRECTOR: P
AFTER DEATH WITH THE 57
BALT MODE: MARYLAND, 2 Hill, Pr. Geo., Md. |X|220. I certify that I took charge of the remains described above, held an Inspection Homicide X. Undetermined manner death resulted from Natural causes TITLE (SPECIFY) Assistant 6/1/87 MEDICAL EXAMINER EXAMINER'S NAME Dennis F./Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23h DATE Buria1

National Memorial Park

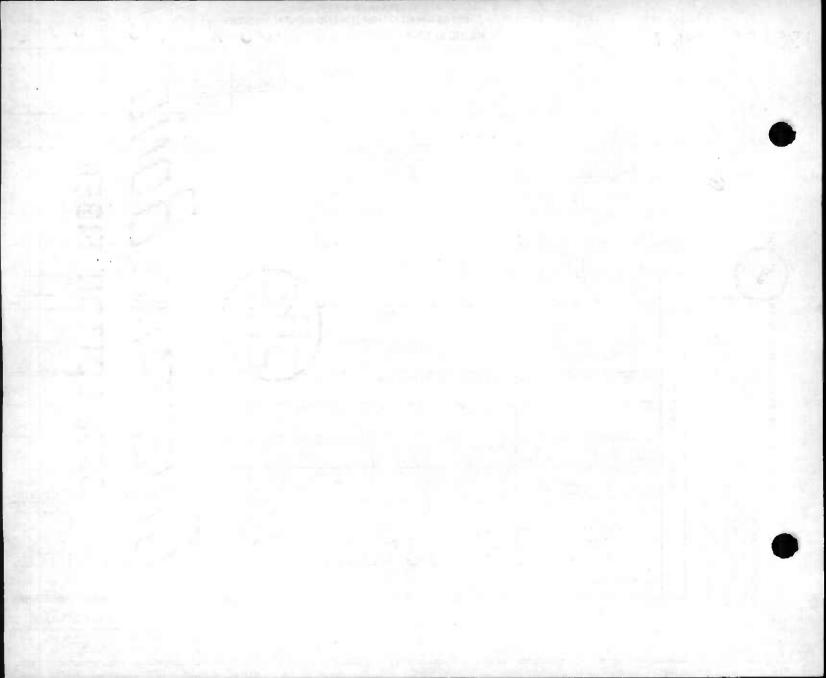
07/B4 25M DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill Rd. Oxon Hill, Md.

6/3/87

Falls Church 75 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR Julia Davidson- Kan



055589 Jun	FOR 1- STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND  OF HEALTH AND MENTAL HY  ETIFICATE OF DEATH	GIENE 7 REG. NO. 1 5	1 6 8
oy be depth	1 DECEASED NAME FIRST (TYPE OR PRINT)	US John	LANG	20 DATE OF DEATH MONTH DAY 5-31	- 87 4:30 Am
e 4 moy ctor. pa	3 SEX Male	4 RACE S. D.	TE OF BIRTH  5 - 29-1931.	6. AGE (IN YEARS LAST BIRTHDAY) IF UI MONT	NDER I YEAR IF UNDER 24 HRS. THS. DAYS HOURS MIN.
01197	7.0. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Scotland	United States   wip	RRIED NEVER MARRIED S	Prince George'	s MD.
a (192	Largo	11. NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES  Manor Care Nursir  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	g Home	(TYPE OF WORK FOR MOST OF WORKING LIFE)	P.G. County
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maryland Pri		138 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 2506 Crest Avenu	ue 20705
MARY ompleted	James	S. Lang	15. MOTHER'S MAIDEN NA FIRST Agnes	R. M	lartin
ALTIMORE, te be execution and coers. Pages of the medicol	160 WAS DECEASED EVER IN U.S. A 1785, NO OR UNKNOWN) 118 YES. (	ARMED FORCES? GIVE WAR OR DATES)  579-30-2129		15805 Moncure ( g Dumfries, VA 2	
w requires that the death certificate the signed by the attending physicia in Then please remove carbonapapers in or to burial, cremotion, ar removal.  ny njury, or ather traumatic event, the	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  T CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN I	APPROXIMATE INTERVAL BETIMEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH? NO 218 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE

22a I certify that (I) (has haspital) attended the deceased from and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated

226 SIGNATUR DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY Burial June 3, 1987 Ft. Lincoln Cemetery

Brentwood Prince Geo.

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville MD 20781

250 REGISTRAP SIGNAPLE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

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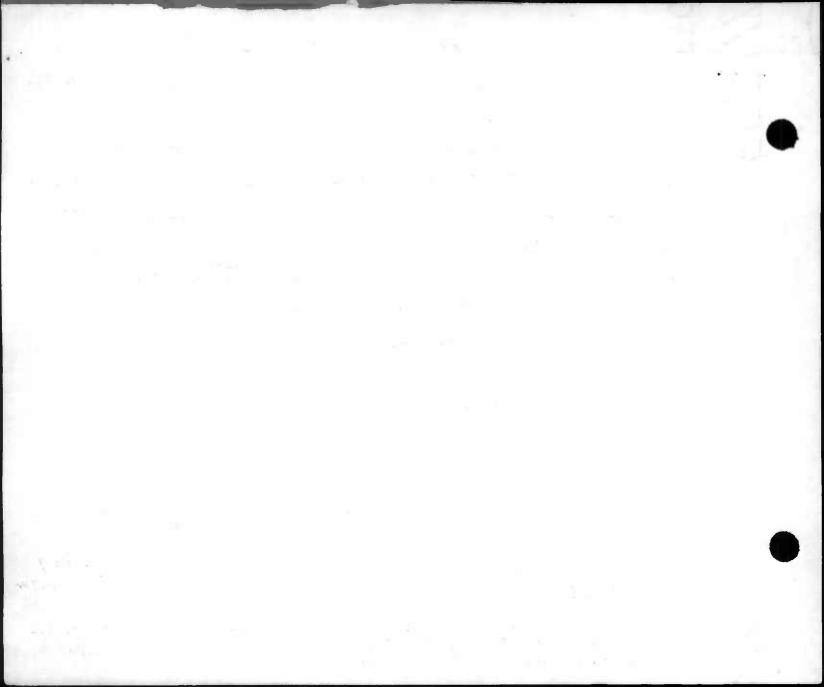
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ould be detached th the State Dept

MPORTANT: #

CERTIFIC

MEDICAL



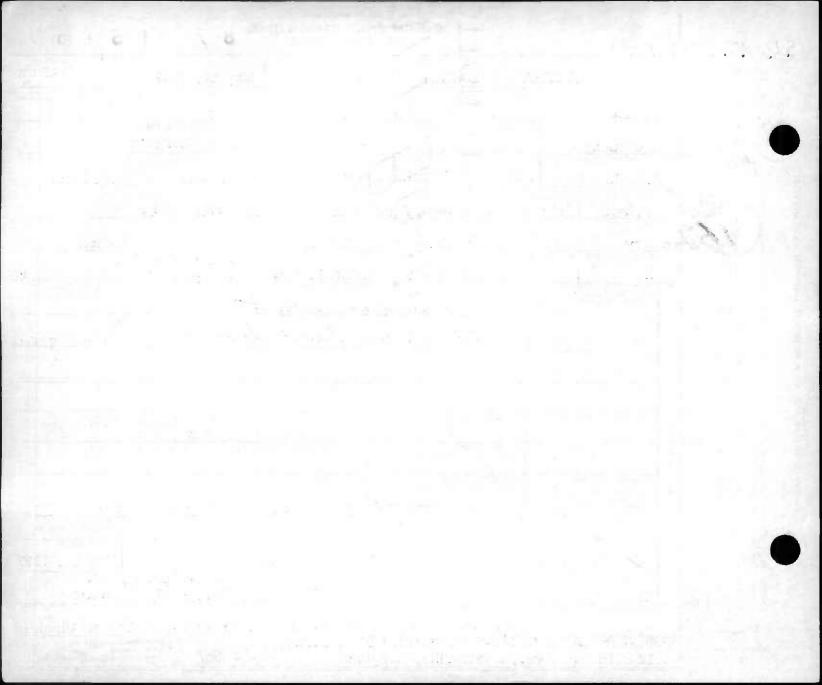
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- 1				STA	TE OF MARYLAND						
HW.	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8 / REG. NO	0.	5 1	6 9		
CON		CEASED NAME FIRST	WIDDLE	No	LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR *		
	1	MART	THA SARAI	1 L	AW	May 20, 1	987		1:45 am		
	3. SE)	(	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY]	FUNDER LYEAR	IF UNDER 24 HRS		
		Female	white	Jun	1000	87	YRS				
g- 8		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O					
2		Kentucky	United State	S WIDOW	PEDX DIVORCED						
20	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		120 USUAL OCCUPATI	F BUSINESS OR				
10		Adelphi	Hill Haven Nu	irsing I		House wife		Own h	ome		
24	130 S	TATE 136 COI		TOWN	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS					
4		aryland Prin	nce Geo.   Collec	ge Park		9519 48th	20740				
65	-	FIRST	MIDDLE		15. MOTHER'S MAIDEN NA	WE		LAST			
2		nery P VAS DECEASED EVER IN U.S. A	. Sheffiel	SECURITY NO.	Myrtie 17. INFORMANT	Dalton			1		
27		ES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES]			9105 ADP					
1	_	No	216–46		John L. Law	College	Park,		and 20740		
other traumatic even		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSI	rcleit	c heart	disease		Lolin	l jeens		
y. or		PART 2. OTHER SIGNIFICANT	NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ulu:	ON										
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	ON WAS PERFORMED	YES NOT		WERE FINDIN			
9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RI I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE ONOT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
n 21 is mork		sow the deceased alive a above, (1) (we) (did) (did)	on	24/	and that in (my) (our) opinion	death occurred on the de	ote and hour		that (I) ( <del>we) l</del> ast couses stated		
# # # # # # # # # # # # # # # # # # #		226 SIGNATURE	1		DEGREE	MEDICAL STAT	e c	72c. DATE			
		Chin (m	agrini	- 1		MEDICAL STAI			20, 1987		
X 1		22d. PHYSICIAN'S NAME (TYPE	E OR (RINT)		22e ADDRESS	Silver					
		Eino Magi			12520 Prospe	rity Dr., #	150,	2090	4		

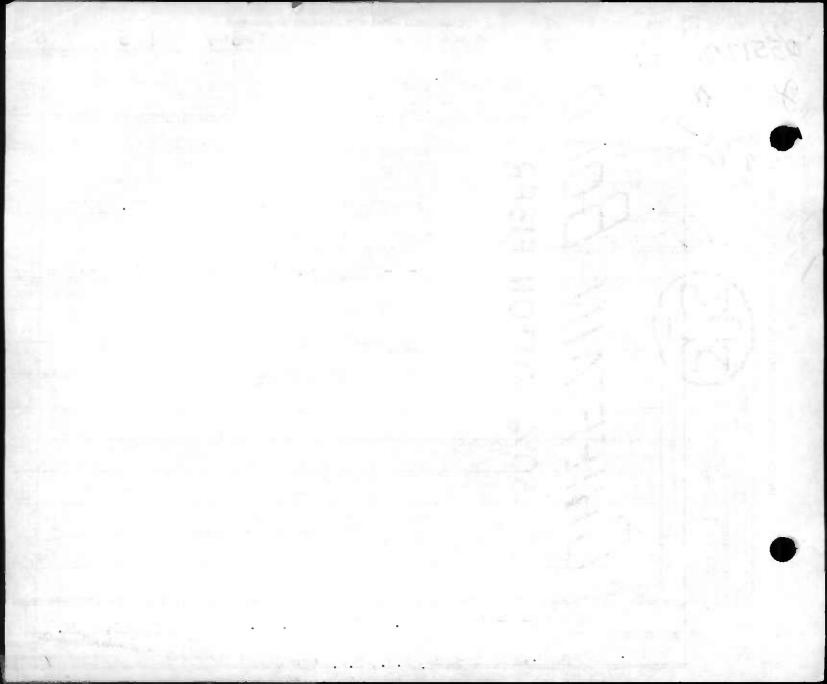
DHMH - 16 60M 7/84 (VRA 15, 4)

4739 Baltimore Ave., Hyattsville, Maryland

236. BURIAL CREMATION, REMOVAL 1236. DATE 05/26/87 Arlington National Cem. Arlington Arlington Virginia 24 FRANCISCO GASCH'S SONS FUNERAL HOME, P. A 25 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND BALLIMOTE AVE., Hyattsville, Maryland



11/12	No						MARYLAND		
(3)	P	FOR T- STATE					AND MENTAL H	454 MID 8 A88	1 7 0
05	5120	REGISTRAR		MED		XAMINER'S	CERTIFICATE C	KEO. IN.	1 / 0.
03-	1200	T DECEASED NAM			WIDDLE		LAST	OF ESTI-	
0.1	정보석종보 . /		Marce		L.		each	DEATH MATED 45/	24/1987 M
, The	为日本古作 W	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR	LAST BIRTHDAY MON	NDER 1 YR. IF UNDER	24 HRS. 2c DATE MONTH	16.35
NO	A STORE	Male	Black	8 25	67	19 YRS.	JAN'S NOOKS	DEAD 5/	24/ 1987 P M
1	SA SE	TO BIRTHPLACE OF	STATE OR .	76 CITIZEN OF WH	AT COUNTI	RY? 8 MARE	IED NEVER MARR	P. BALTIMORE CITY OR COU	NTY OF DEATH
1	學	Cali		USA			VED DIVORC	3	
3 5	100	10. CITY OR TOWN	OF DEATH	11 NAME OF HOSE		SING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)	OR INDUSTRY
4 4	308	Chev		Prince Ge	orge'	s General	Hospital	None	None
5	299	USUAL RESIDENCE	(IF IN NURSING HOME)	OF OWHER INSTITUTION, GIV	20782				
10-1	22 H 2 B	Md.	130	,6	2704 Kirkwood Pl.	1. #203			
1/4 3	H 28.3.2	ATHER'S NAM	NE .	MIDDLE	14	AST	15. MOTHER'S MAIDI	N NAME MIDDLE	IAST
in With	EATH FES 1.	Lawren	ce	Edward		each	Diane		ch
1/ OM	PAGE NO.	160 WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166. SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS	
W / 1/4	ANT ASSE	No			57	8-92-2152	Mrs. Dia	ne Leach/mother/sa	me as 13e
3	200	18 CAUSE	OF DEATH (Enter on	ly ane couse per line	far (o), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S	ZA HOUI ITEM 18 LONG V PERMIT VAL	PARTIC	EATH WAS CAUSE	D BY: TE CAUSE (o)		Gunsho	t Wound of	Head	
STO		73 87 57		DUE TO, OR	AS A CONS	EQUENCE OF			
88	WITHER SINCILIN AINER ALC TRA SITE VIA		ons, if any, which						
3	UTED WIT IN PENCI EXAMINE EXAMINE IIAL - TRA O MENTA ON, OR R	cause (	o) stating the <u>under</u> -		AS A CONS	EQUENCE OF			
201	SA S	lying co	ouse lost.	(c)					
RECORDS,	WID BE EXECUTED WII "PENDING" IN PENC IEF MEDICAL EXAMIN SED AS BURIAT. TRA SET AS BURIAT. TRA ALL CREMATION, OR F		SIGHIFICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATE	O TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).	
. 0	D BE EXE ENDING MEDICA AS A BU SALTH AN CREMA!	NO L							
	SED SED AL, AL,	190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 210 DEPOYMBLE OF WHICH DAY YEAR 21C HOW INJURY OCCURRED LENTER NATURE OF WHICH THE PART LO							20 AUTOPSY?
OF VITAL	S S S S S S S S S S S S S S S S S S S	E			-				YES NO
	ATE WEN THE WEN TO BE TO		IAL CAUSE WAS	PAPERON AND AND AND AND AND AND AND AND AND AN	MONTH I	DAY, YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2]
NOISION	ERTIFIC IING TH ED TO 1 3 SHOU DEPARTA PRIOR 1		G XOR ING CAUSE OF	DEATH 9:55PM		. 17	subject sho	t	
IVIS	DEP NEW TOTAL	21d INJURY			ORY FARM, ETC Street		STREET	CITY OR TOWN	COUNTY STATE
۵	R: THIS CERTIFICATE SHOULD FITE WRITING THE WORD "PEN RWARDED TO THE CHIEF MES PAGE 3 SHOULD BE USED A SETATE DEPARTMENT OF HEAD D. 21201 PROR TO BURIAL, CI	AT WORK	NOT WHILE	on s	s cree i	- 27	1/ Nichols	on St., Hyattsville	Pr.Geo., Ma.
16.50	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAGE REFER DEATH, WITH THE STABLE BALFIMORE, MARYLAND, 21,	220. I cer	tify that I took charg	ge of the remains des	ribed above	e held	X Inspectio	n . Inquiry . and in my	apinian
	AH THE	death resu	Redfrom Natu	rol couses	Dichent L	- Juicide	Humicide X	Uildetermined manner .	
	AR WELL	ACTUAL	A Clin	wed ox	here	halle	TITLE (SPECIFY)		
	AHONE H	SIGNATURE	CCCCC		viry	10000	Assistan	MEDICAL EXAMINER SIG	
27.30	EDIC A S A S A S A S A S A S A S A S A S A S	EXAMINER'	S NAME -		w.		111		
100	A PAGE	(TYPE OR PE	INT) Dei	nnis F. Sm			Under the Day	Penn St.	
	EDSES9	230. BURIAL, CREM	Burial	236 DATE 5-28-87	23c. N/	AME OF CEMETERY		23d LOCATION CITY OR TOWN	DUNTY STATE
07 ′84 25M	BP	ai sunispai sus		J-20-07		Md. Nati	onal Mem. H		1, Md
23/11	DHMH - 17	24 FUNERAL DIRE	CTOK	ADDRESS			75e. DATE	REC'D. BY REGISTRAR 756 REGISTRAR	TO THE PARTY OF TH
	(VR A15 ME (5))	John T.	Knines C	0.,3015 12	th St	N.E. D	C. 20017 JL	IN 1 ISON O	



	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYG	IENE 8 7	1 5	1	7	i
10		CEASED NAME OR PRINT)	FIRST		V ERA		HMAN		20. DATE OF DEATH MON	1-	YE AR 1987	26 HOU	RI
	3 SEX	Female  HPLACE (STATE OR FOREIGN UNIRY) IOWA (OR TOWN OF DEATH Laurel		4 RACE Whit		S. DATE C	OF BIRTH	eïo.	May  6. AGE (IN YEARS LAST BIRTHDAY  76	DER I YEAR	IF UNDER	74 HRS MIN.	
3	C	Iowa		76 CITIZEN OF USA		WIDOWE	D NEVER MARI	CED 🗌	Prince G  120 USUAL OCCUPATION	eorges		FRUSINE	MD.
		Laurel		10101	Balsam	reet address)			Ret. Nurse				00 01
5	130. S Ma1	ryland	Pr.	Georges	13c. CITY OR TO Laure 1				13. STREET ADDRESS / ZIF 10101 Balsam	Mood D	r.		2070
5	14 FA	THER'S NAME Fredric		MIDDLE	Augeson	n	15 MOTHER'S MA		ME MIDDLE	Sun	iderÎ:	and	
1	16a W	VAS DECEASED EVER	IN U.S. AR	MED FORCES? VE WAR OR DATES)	577-22		In informant Loretta	J. Ba	ADDRESS arrett-dau-(s	ame as	13e	)	
		Conditions, if any gove rise to im- cause (a), statis underlying cause	r, which mediate ng the e lost.	(b) DUE TO, O	R AS A CONSER META R AS A CONSER RENA	STATI	( LOL		CARCINOM				
~	CERTIFICATION	19a DATE OF OPERA	TION				N WAS PERFORME	D	YES NO	IF YES, WEI CERTIFYING YES	RE FINDIN CAUSES	GS USED	H?
7	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK   NOT W AT WORK	CAUSE OF DE	P. P. PLACE	M. MONTH M.	19	211 LOCATION STREET	Y OCCURR	ED (ENTER NATURE OF INJURY IN I		OUNTY	51	TATE
		22a.1 certify tha	this hosp	ital) attended the		8D or	DECREE		, to MAY 23 death occurred an the date o		from the c	SIGNED	Bost ted
1		22d. PHYSICIAN'S N		BEN	NER	MP	22e ADDRESS	HEW	DIRECTOR   PHYSICIAN		JUE (	SS	
	230. B	URIAL, CREMATION,	, removal	23b. DATE 5-24-19			EMETERY OR CREA		23d LOCATION CITY OR TOWN CY Alexandria	COU	INTY	Virgi	hita

Hines/Rinaldi Funeral Home ADDRESS Sil. Spr. Md.

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REGISTRAR 256 REGISTRAR'S SIGNATURE

Virginia

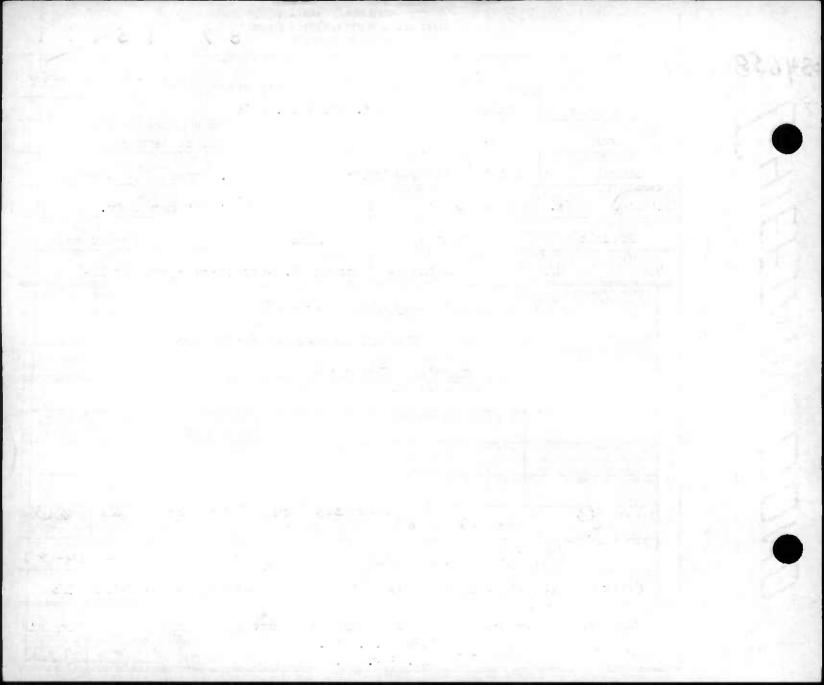
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should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

IMPORTANT: IF IN

(VRA 15, 4)



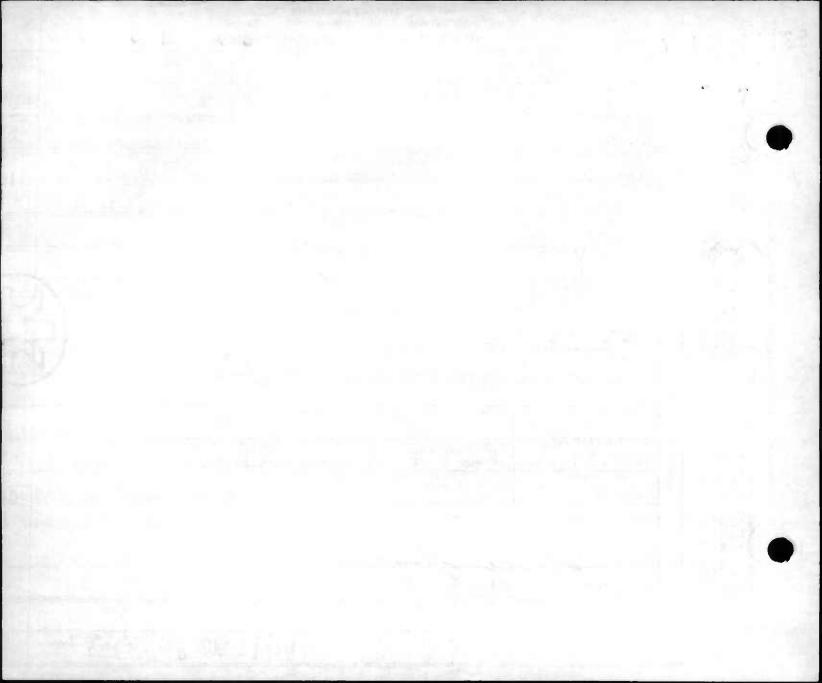
STATE OF MARYLAND

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ATEOR	DEATH	MONTH	Day	VE - 0	24 110	445

532 Juli	,	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 REG. NO.	5 1 7 2
poge 3		CEASED NAME FIRST ZVLA	MIDDE	LAMTZ	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ector, po	3. SE	+ GMALE	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR  9 6 98	6. AGE (IN YEARS LAST BIRTHDAY)  88 YRS	IF UNDER LYEAR OF UNDER A HOURS ME
nerol din in 72 ha.		Penna.	75. CITIZEN OF WHAT COUNTRY U.S.A.	? 8. MARRIED NEVER MARRIED WIDOWED NORCED	Prince George	
by the fu	7	attsville	(IF NOT IN SUCH FACILITY, GIVE STREE	ing home or other institution to address)  nor Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales	126 KIND OF BUSINESS ( INDUSTRY
ould be in	13a	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 13t. CITY OR TO ICE Georges Hyatt	WN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 6500 Riggs Roa	ž d 20781
1 × 1/2 14	14. F	ATHER'S NAME FIRST Harry	MIDDLE IAST Brady	15. MOTHER'S MAIDEN N. FIRST Anna	AME	Meals
Poges 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULAR SECULA		ADDRESS G entz 12-A Platea	reenbelt, MD
during that the construction of the constructi	NO	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART I to
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G PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
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ITAL OR , say the ho by the ho RAL DIRE e detached to the best of the NT: If Hen		12h SIGNATURE / hola	0		MEDICAL STAFF DIRECTOR PHYSICIAN	5/2482
O HOSPI			in no		may con pr	ONSENBELT
BP		BURIAL, CREMATION, REMOVA (SPECIFY) burial	5/26/87 S	hoop's Cemetery	23d LOCATION CITY OF LOWN Harrisburg	Dauphin PA
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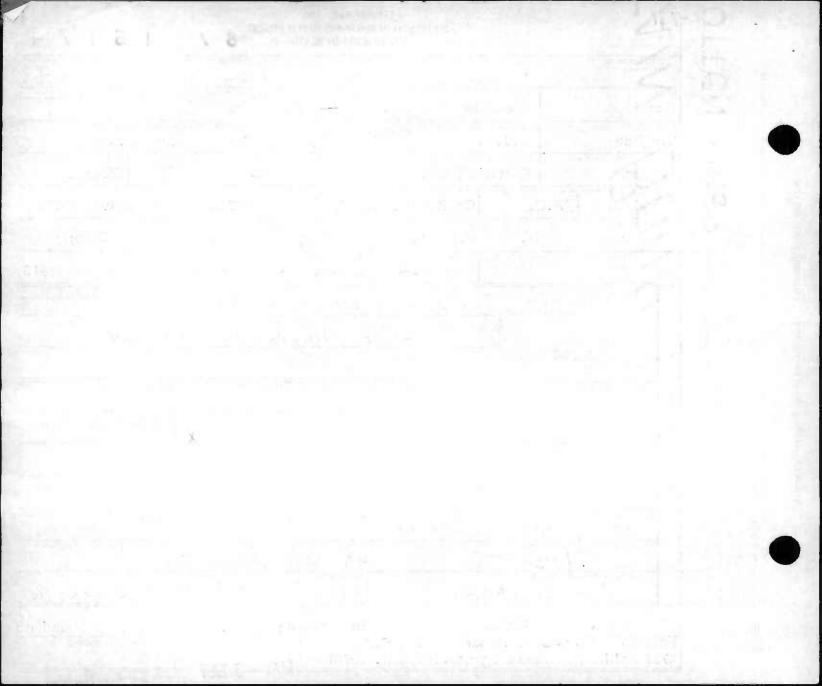
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BALTIMORE	A SECTION	-	no				220	1-66-8	3666	Susa	n Re	nee	LeV	alle	V	same	e as	1	3
- 3	5		18 CAUSE OF	DEATH (Enter o	only one o	ause per line					-						APPROX BETWEEN	MATE IN	ERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	CERTIFICATE SHOULD BE EXECUTED WITHIN TING THE WORD "PENDING" IN PENCIL IN DED TO THE CHIEF MEDICAL EXAMINER A 3 SHOULD BE USED AS A BURIAL "RANSIT DEPARTMENT OF HEALTH AND MENTAL HY PRIOR TO BURIAL, CREMATION, OR REMO	11.9	PART 2 OTHER SIG	NIFICANI CONDITIO	NS CONTRIBE	(c)	BUT NOT RELA	TEO TO THE TER	AINAL DISE	SE OR CONDITIO	N CIVEN IN PA	Pl La							
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Ö	THE WALLE BY TO BE STORED BY TO BE	NO.	UNDERLYING	₩ OR		HOUR A.M	. MONTH	DAY YEA	R										
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2	PER SEPTER	, G	21d. INJURY O		14.	21e PLACE C			211 L	OCATION STREET			CITY OR T	OWN		COUNTY			STATE
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	22 - P1	TYPE OR PRIN	ION, REMOVAL	122h DA	15	199.	NAME OF CO	METERY	_ADDRESS_ OR CREMATE	OBY	1224 17	CATION	-					
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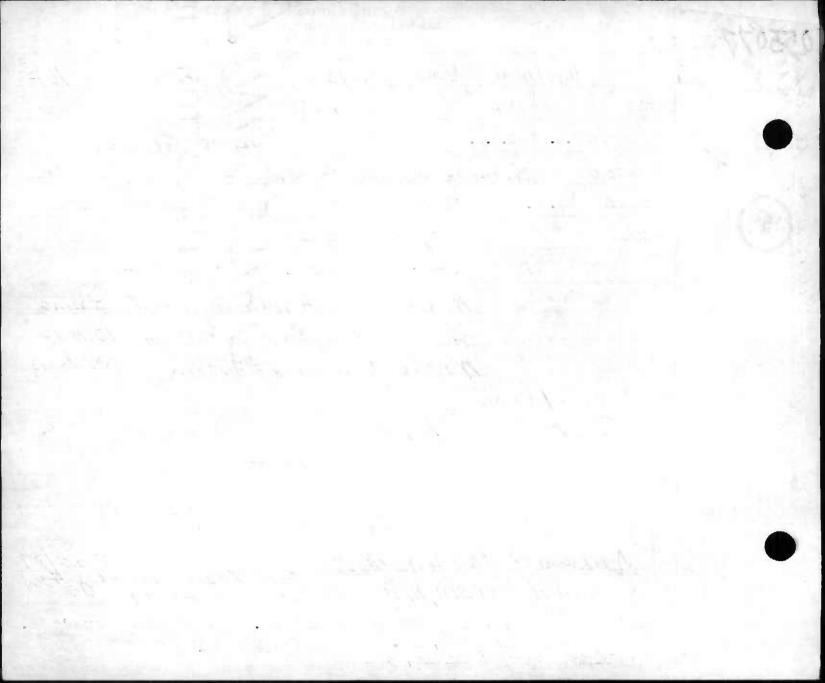


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-	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after draftil. Tage 4 may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely tilled in Bottle frame a director page 3 should be detached for use as the build-ironsit permit. Then please remove carbon pages. Pages Page 2 th tilled be find within 72 hours after death with the State Dept of Health and Mental Hygiene prior to build, cremation, or removal.
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			FOR I twein # STATE REGISTRAR	) F1	Im G-62	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 7	15	1 7	14
	1		CEASED NAME	FIRST		WIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
	moy be greath greath		Fa	ve		ompson		EWIS	May 2,198			1:35 M
	ge 4 mo	100	male		4. RACE Caucas	sian	Janu	lary 20, 1922	6 AGE LIN YEARS LAST BIRTH	HDAY IF UNDE	DAYS HO	NDER 24 HRS
	ESS THE	Vi	RTHPLACE (STATE OR FO		U.S.A		WIDOWE		Prince Geo			MD.
5	183		nham	Н		HOSPITAL, NURSIN		DR OTHER INSTITUTION	17a USUAL OCCUPATION STORE OF WORK FOR MOST OF	ON 12b WORKING (IFE) 100	KIND OF BU USTRY OT hing	
NND 213	Miled in	130	at residence (# nursing state aryland	B POUL	OTHER INSTITUTION			134. INSIDE CITY LIMITS?	2013 Copressé	<sup>ZIP CODE</sup> Dri	ve 20	743
MARYLAND	mpletel of 2	14 F	Manning		D <sub>OFE</sub>	Thomps	on	15. MOTHER'S MAIDEN NA Mary	Agnes		Dixon	
BALTIMORE,	n and ca	Nó	WAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	577-20-6		Ernest Josep	h Lewis (Hu		Same a	as #13
:	physicia physicia mayal.		IS CAUSE OF DEATH PART I. DEATH WA	SCAUSE	ily one couse per D BY: IE C AUSE (0)	r line forto), (b), one	10 - P	uLMO NARY	ARRES	7	APPROXIMATE ET WEEN ONSET	INTERVAL AND DEATH
W. PRESTON ST	by the attending by the attending sse remove carbo i, cremation, or re other froumatice	<b>3</b>	Conditions, if ony, gave rise to imme cause (a), stating underlying cause	which diate	DUE 10, 0	R AS A CONSEQUE	1 641	E MYOCAR	DIAL INF	ARCTUN		
RDS, 201	signed Then plec to buriol	N O	PART 2 OTHER SIGNE	FIC ANT (	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN F	ART 11a	
DIVISION OF VITAL RECORDS,	hos been prior	CERTIFICATION	198 DATE OF OPERATE	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF	USED DEATH?
OF VITA	iySiClan. The I ding physician. Is certificate has burial-transit pe Mental Hygiene ar them 18 shaw		21a. ACCIDENT WAS UNDER	USE OF DE	HOUR A.	OF INJURY  M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				
VISION	G PHYSI ottending er this ce s the buri and Mer	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOW	AN CO	UNIY	STATE
Õ	TENDIN outef or TOR: Aft for use os of Health		22a.1 certify that (1) (1 saw the deceased abave, (1) (we) (dis			//	5-7 or	5 1 19 87 and that in (my) (our) opinion	, tadeath accurred on the da	5 /2/19 8 te and hour and fr	, that	(I) (we) last
•	the hosp the hosp at DIREC eroched te Dept fe Dept		22b SIGNATURE	Pan	T) view the body	after death.		DEGREE	MEDICAL STAF	220	. DATE SIGN	
	TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the State [ IMPORTANT: If		224 PHYSICIAN'S NAM	NE (TYPE O		RI		22e ADDRESS	NAN HORRE		11690	a pic
	BP		BURIAL, CREMATION, RI	MOVAL		23c. N		EMETERY OR CREMATORY HIll Cemetery	23d LOCATION Suitland	P. G.	TY	ryland
	DHMH - 16 60M 7/B4 (VRA 15, 4)		anciseGasch 39 Baltimore			neral Home	e, P.	A. 250 DAT	E REC'D. BY REGISTRAR 2			- y laria
	(100, 10, 1)			7.17	2.100 11)	, 41107 1110,	11101	MA	6 1987	mia Dandes	n. Pard	448



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OF PRINT /aughn 3 SEX June 28, 1970 AR Male Black 16 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Washington D.C. U.S.A. PEINCE High School Student LINTON Maryland Clinton 6118 Hemlock Way 20735 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Yardis Warren Lewis Wooden 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-78-1124 Yardis C. Bell Same as 13 A-E 18 CAUSE OF DEATH Enter only one couse per line to PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse tot, stoting the underlying couse CERTIFICATION 15/5 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC ) WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased olive o opinion death occurred on the date and hour and from the causes stated obove (II) (ye) (did) (do not) view the body ofter death DEGREE Burial 05/30/87 Harmony Memorial Cem. Landover Prince George's Md. 198 RARISHER WARSON NORE Lee Funeral Home, Inc. DHMH - 16 50M 1/81 (VRA 15, 4) 6683 Old Alexander Ferry Rd Clinton, Md 20735



FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

SEX Male

30 STATE District 14. FATHER'S NAME FIRST Edward

MEDICAL CERTIFICAT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia CITY OR TOWN OF DEA Lanham SUAL RESIDENCE (IF IN NU

(YES, NO, OR UNKNOWN)

## STATE OF MARYLAND

		PARTMENT OF H			NE AZH R.G.	N <b>5</b>	7 6
Millor-L	William	PDDLE P	Lomax		20 DATE KNOWN OF ESTI- DEATH MATED		19 87 M
Black	Apr. 23,	1918 69 YRS	MONTHS DAVS	IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	5-29	1987/20 HOUR-
(STATE OR RY) nia	USA		MARRIED   NE	VER MARRIED DIVORCEX X	P.G.	Y OR COUNTY OF	<b>DEATH</b> MD
M OF DEATH	LIF NOT IN SUCH FACILIT	AL, NURSING HOME, IY, GIVE STREET ADDRESS)  George		FOR	Retired		GOV.
113H 4 OUN		esidence before admission 3c. CITY OR TOWN Vashingto	13d. INSIDE C		REET ADDRESS 28 Tea St	reet	G1990
Scott Lo	MIDDLE Max	LAST	F	er's maiden nam Rosa Har	rison		LAST

17. INFORMANT

18 CAUSE OF DEATH	(Enter only one couse per l	e top(o), (b), and (c).)			Plain	ETWEEN ONSET AN
PART I DEATH WA	MMEDIATE CAUSE	steriosel	nou	Condes	socular discuse	2
	DUE TO, O	R AS A CONSEQUEN	CE OF			- C- C- T- C
Conditions, if on gave rise to in						
lying couse lost.	DUE TO, C	R AS A CONSEQUEN	CE OF .			4 Mari
The second	(c)					

166 SOCIAL SECURITY NO.

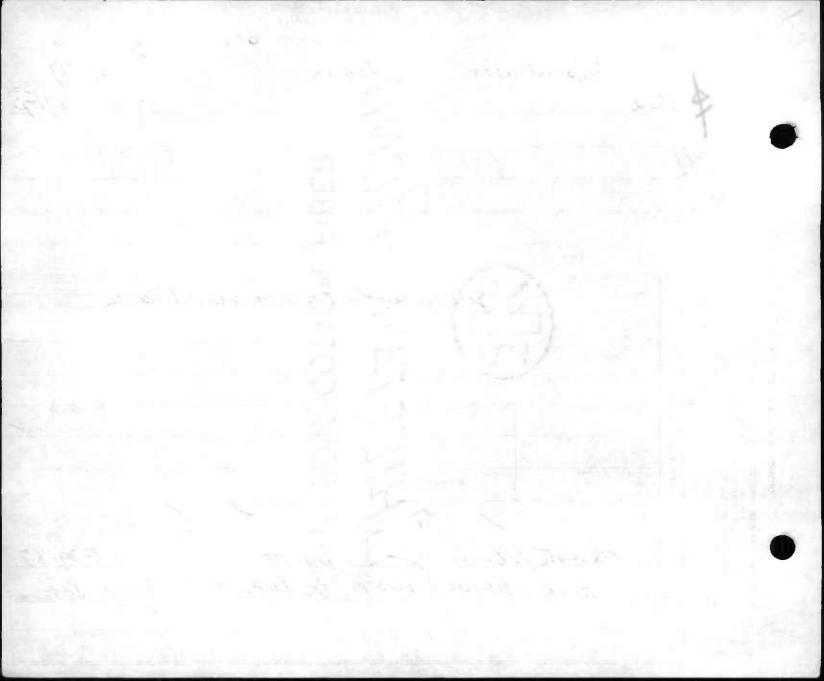
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOP	SY?
				YES [	NO @
210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 P	PART T OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATI

22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Accident Undetermined monner Notural couses

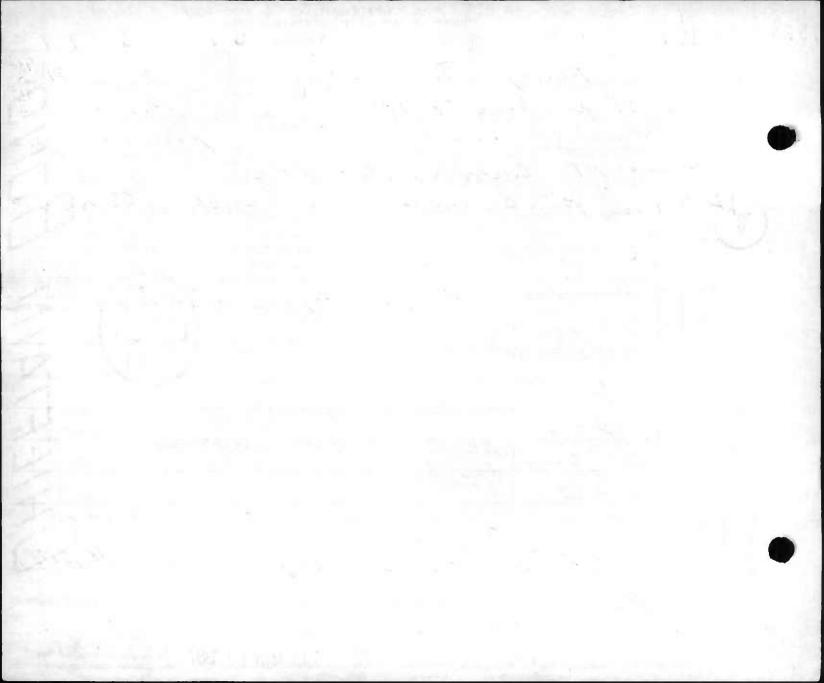
alPark

June Lynchburg, Virginia Buri 14 FUNERAL DIRECTO 254 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

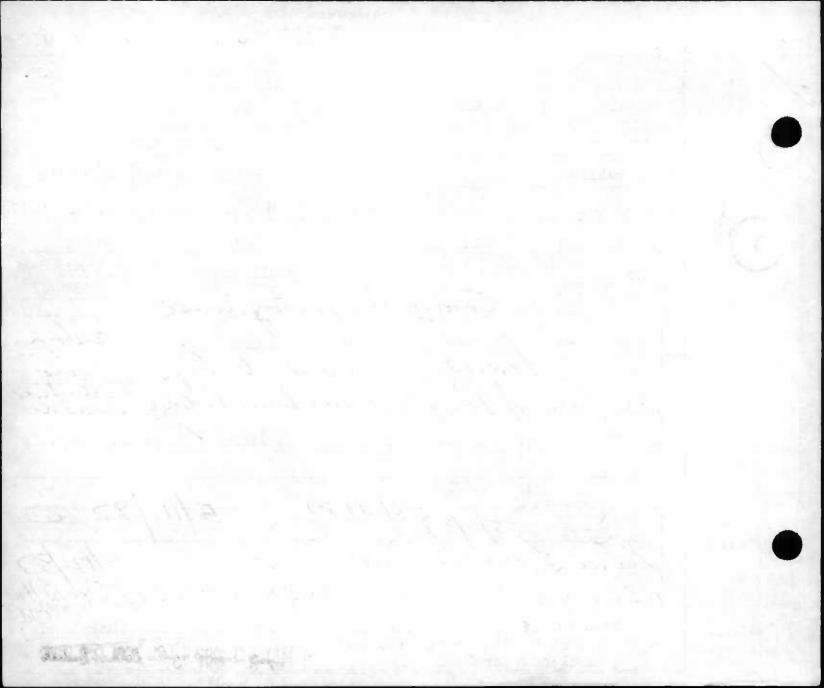
tin Sinder Readelle (VR A15 ME (5))



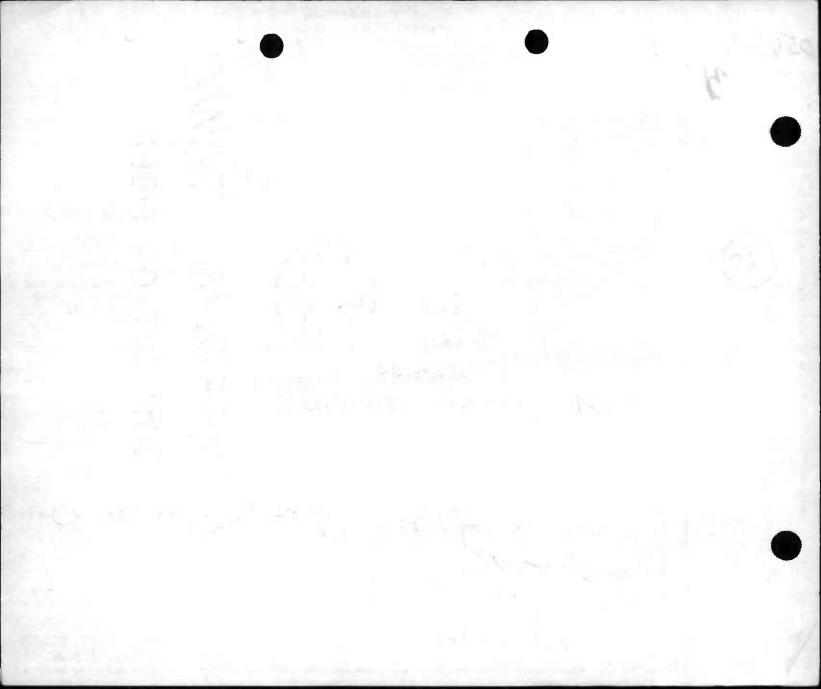
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR . DECEASED NAME TO DATE KNOWN LTYPE OR PRINTI OF ESTI-DEATH MATE 3. SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. AF UNDER 24 HRS DATE YEAR " PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT MARRIED PINEVER MARRIED Pennsylvania U.s. A. DIVORCED IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Drivate FOR MOST OF WORKING LIFE 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDAG 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Zimas MIDDLE AAIDOLE Long Faith Lenig 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES NO, OR UNKNOWN) 185-03-1421 Elizabeth Fisher 2920Barrister La. Bowi DIVIS 18 CAUSE OF DEATH (Enter anly one cause per line for (g), (b), and (c).) APPROXIMATE INTERVAL TRANSIT PERMIT. PART I DEATH WAS CAUSED BY Lyoczudizi W IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. BURIAL AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A E CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CERTIFICATE SHOUP
TING THE WORD "
DED TO THE CHIEF
E 3 SHOULD BE USE
E DEPARTMENT OF YES NOP 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE CERTIFICATE, WRITING THE ASSET AS SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD ASTER DEATH, WITH THE STATE DEPAGE BALTIMORE, MARYLAND, 21201 PRIO 21e PLACE OF INJURY 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection 🔀 22a I certify that I taak charge of the remains described above, held an and in my opinian Natural causes death resulted fram: Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME 236 BURHAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73¢ NAME OF CEMETERY OR CREMATORY burial 5-9-1987 All Saints Cemetery Kulpmont North D Pa. 07/84 BP 25M 24 FUNERAL DIRECTOR Borgwardt 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Homeoores4400 Powder Mill Rd. Beltsville, Md. (VR A15 ME (5))



			STATE OF MARYLAND		
53882 HIV N	FOR STATE	DEPARTM	EENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / REG. NO.	5 1 7 8
1 500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T DECEASED NAME (TYPE OR PRINT) Glady	vs Nichol	Longstreet	May 11 198	
cto. pu	Female	White	Sept 25 1895	91 YRS	FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
A Part of the	70. BIRTHPLACE (STATE OR FOREIGN Nebraska	76 CITIZENOF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DOWNED	9 BALTIMORE CITY OR COUNTY OF Prince Geo	
	10 CITY OR TOWN OF DEATH Forestville	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Regency Nur	DDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CIVIL Service	126 KIND OF BUSINESS OR INDUSTRY GOV t
24 hours	Dist of Col	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Washing	ADMISSION)  13d INSIDE CITY LIMITS?  YES X NO	3900 W Street	N. W. 2000
MARKUT C	14 FATHER'S NAME FIRST  Thomas M	Mitchell Mitchell	15 MOTHER'S MAIDEN NAME FIRST	L MIDDLE FO	rman
IMORE,	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?  16b SOCIAL SECUI	Louise F G	ADDRESS Fore Silmer5803 Kent	stville Md cucky Ave
ALRECORDS, 201 W. PRESTON S The law requires that the death ce- ton Thot been upned by the otherding it permit Than please remove corb some prior to build, crempitation or it goes any intuity, as other troumbilds.	Conditions, if any, which gave rise to immediate course to stating the underlying course lost.  PARTS OFER SIGNECANT OF THE DATE OF TERRITOR	DUE TO, OR AS A CONSEQUE	NCE O'LVOURD  EATH BUP ROT BELATED TO THE TEMPORATION WAS PERFORMED	IN ALTOPSY TOLENTE YES A NOT CERTIFY YES AND SERVICE YES	2 dop 2 mo Cystic fiver WERE FINDINGS USED IND CAUSES OF DEATH? NO []
DIVISION OF VITA ATTENDING PRESCLAN TOPICS attending physic CTOR. After this certificant der use or the busel from at Health and Meetal hype 121 is marked or lier 18 st	The ACCIDENT WAS CHAPTERED TO CONTRIBUTION OF CAUSE OF DEL CONTRIBUTION OF CAUSE OF DEL CONTRIBUTION OF CAUSE OF DEL CONTRIBUTION OF CAUSE	HOUR A.M. MONTH DA P.M.  FIR PLACE OF NIJURY TAT HOME SHEET FACTORS OFFICE FA	TYPEAR  19  211 LOCATION  19M, ETC.)  219 STORY  219 ST	city on fowns to 5	ther (1) we lest
TO HOSPITAL OR TO FLORERAL DIES SHould be detached with the State Dept.	The BURIAL CREMATION, REMOVAL CREMATION	L-MINCHI IDE DATE DEL N	DEGREE ATTENDING PHYSICIAN (PHYSICIAN (PHYSI	ON HICCA 1234 LOCATION ORY Suitland	5/12/8) COUNTY Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECT <b>Robert</b> NAME Suitlar	ADDRESS	eral Home	REC'D BY REGISIRA	SOLD FIRM



65	4508	16	FOR - STATE REGISTRAR	•		ENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	O REG.		5 1	79
200	0 850		CEASED NAME FIRST	MIDDLE		Taga		20. DATE OF DEATH		AY YEAR	26 HOUR
40	oy b	3 SE		4 RACE	-	Luca 5. DATE OF I		6 AGE IN YEARS LAST	May 20,	FUNDER LYEAR	12:30p M
22	offer a		ale			MONTH	DAY YEAR		M	ONTHS DAYS	HOURS MIN
	direct		IRTHPLACE (STATE OF FOREIGN	Negro  76. CITIZEN OF WHAT C	COLINITRY2		mber 20,19	P5. 6		OF DEATH	
	death. Tahun 72 hun 72 h	F10	orence, S.C.	U.S.A.		WIDOWED [		Prince G			MD.
10	by the fi		verdale	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Leland Men	GIVE STREET AD	DRESS)		120 USUAL OCCUPA LTYPE OF WORK FOR MOS RETITED	TION TOF WORKING LIFE	126 KIND C INDUSTRY	OF BUSINESS OR
ND 212	24 have	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13 COURT	NOTHER INSTITUTION GIVE RESIL NTY 13 GOT O	DENCE BEFORE A	ille13	d INSIDE CITY LIMITS?	13e STREET ADDRESS 3634 DE	ZIP CODE	ive.H	vattsvill
SYLA	the state of the s	14. F/	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN NA				
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IMORE,			WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SO	vaila	bleCa	arloyn Tho	4 Dean [mas,Daugh	rive, live,	Hyatts	sville,Mc
W. PRESTON ST., BALTIMORE, MARYLAND 2120	physimaval		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE	nly one couse per line for,		IC -1	247			APPROXI BETWEEN	ONSET AND DEATH
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IL RECO	on. hos bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
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DIVISION OF VITAL RECORDS,	G PHYS offending ter this co	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU			IL LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ā	TTENDIN piral or TTOR Aff for use of of Health		22s 1 certify that (1) (this has a	attended the decee	and from	ond t	that in (my) our) apinion	to, to	date and hour	ond from the	that (1) (ye) last
	A fee pt d		22b SIGNATURE	I VIEW HE GODY OTHER DE	oth.	DE	GREE	W		22c. DATE	SIGNED
	Y the SAL D detoclared of the D		1/2	and.			ATTENDING PHYSICIAN P	MEDICAL ST	AFF	5-2	21-87
	etained by the TO FUNERAL should be detained the State with the State IMPORTANT.		Jeffrey Kelmar				2e ADDRESS 6525 Belcres			lle. Mc	1. 20782
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	(VRA 15, 4)	34	₩:M. Bacon F 447-14th Stre	et.N.W.Wa	Shing	ton, [	LC. IMA	25 1987	ما ما ما	sidern. Ra	A GINTERO





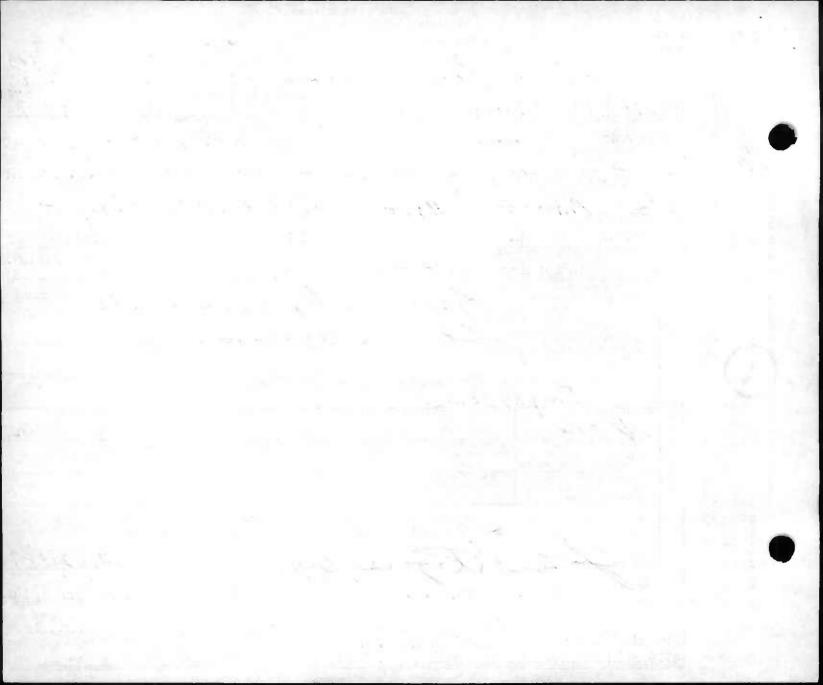
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	ma)	ter d	9	3 SEX		-	I. RACE		5. DATE C		VEAR	6 AGE (IN	YEARS LAST BIRTH	-	IF UNDER 1 YEA		
	ge 4	المحققة		-	Male		Cauca	sian	Augu	st 10,	1924	62		YRS		The state of the s	
	o e	2 hour	14	7a BI	RTHPLACE (STATE OR FOR	EIGN 7	6 CITIZEN OF	WHAT COUNTRY	8. MARRIE	NEVER	MARRIED -	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
	deot	in 7	2		nnsylvania		USA		WIDOWE		NORCED		ince G			M	D.
0.1	s ofter	G	2		TY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE HOSPIT	T ADDRESS)				OCCUPATION FOR MOST OF			1000	
212	hour	10-	1	USUA	L RESIDENCE (IF NURSING		THER INSTITUTION.		RE ADMISSION)		CITY LIMITS?		ADDRESS /	ZIR CODE	IDALLE	HOLY DOOL	200
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RDS, 20	equires	Then pl to burn		NO	PART 2 OTHER SIGNIF	Sef	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR COND	ITION GIVE	EN IN PART	1 a	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	n.	permit. ine prior	2	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTO		20b IF YES IN CERTIFY YES	YING CAUS	DINGS USED ES OF DEATH?	
/ITA	4. Th	ronsit Hygie 18 she		CERT	210. ACCIDENT WAS UNDER	YING	21b. TIME O	FINJURY		21c HOW II	NJURY OCCUR	1.00			· L/		-
OF.	CIAN	S certific Suriol-tre Mental to tr flem 1	7		OR CONTRIBUTING CAL		H HOUR A.	M. MONTH [	DAY YEAR								
ISION	PHYS	the burner ond Me	/	MEDICAL	214 INJURY OCCURRED	)	21e PLACE			211. LOCAT			CITY OR TOW	N	COUNTY	STATE	_
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	TEN	for us of He 21 is		11	saw the deceased abave, (1) (we) (did	olive on_	5-2	8 193	/	nd that in (my	) (our) apinion	death occurre	ed an the dot	e and hour	and from t	he couses stoted	
	hosp	hed tept	31		22b. SIGNATURE	I ala not	View the body	after death	3	DEGRĘE					22c. DA	TE SIGNED	-
	TAL O	ERAL Die detoc Stote Die			Kiall	1	Jakh	eel	1	1.0	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA		51	29/87	
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	H O H	should be del with the Stote IMPORTANT;									Bowi		20715	<u> </u>			=
		834		230 B	URIAL, CREMATION, RE SPECIFY) Burial	MOVAL	236 DATE				CREMATORY	23d LOC	ORTOWN		COUNTY	STATE	-
	BP.				Burial INERAL DIRECTOR	1					erans Co	em Che	Ltenhar REGISTRAR 21			rge's, MI	
		16 60M 7/ RA 15, 4)	84		all Funeral	Hom		6000 Anr. Bowie, MI				11113	1087	Julia	Dando	ATURE)	
	(4)	13, 4)		٥٠٠	CTT Lancial	. 11011		OWIE, INT	201.	17-304	) ]	OUNG	130	(1			

Harden In Compare a Bowle of Land Compared Long 2071;

Edition Committee to the committee of th

REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Wayne Lundburg, Sr. Leon DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. LA UNDER 24 HRS 4 RACE DATE Nóv. 27, 1929 Male White Th CITIZEN OF WHAT COUNTRY U.S.A. California Prince George's County I CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Bus Driver 4008 Oglethorpe Street Hyattsville D.C. Transit Maryland 13e STREET ADDRESS 4008 Oglethorpe Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arthur Elsie Lundburg Little Irene 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Brother) 5861 Deale Churchton Rd. 564-34-3434 Peacetime . Lundburg Deale, Maryland 20751 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 20 AUTOPSY? NO [ DEPARTMENT OF PRIOR TO BUR 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE WHILE AT WORK AT WORK O FUNERAL DIRECTOR: 27a I certify that I took charge of the remains described above, held an death resulted fram: Natural causes TITLE (SPECIFY) John S. Rogers, M.D. ADDRESS 1919 Seminary Road Silver Spring, Md 23a BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY Cremation 05/08/87 Metropolitan Crematory Alexandria Virginia 07/84 Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND



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latterfor, page 3 noun after death

STATE	OF	MARYLAND
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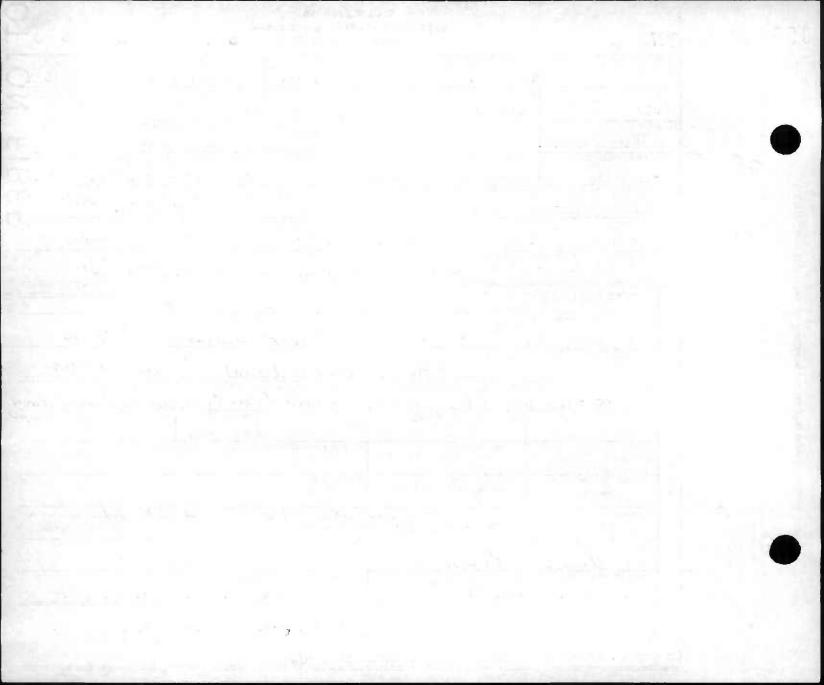
8	REG. N	10.	5	2	ક	Ú
ATE OF	DEATH	MONTH	DAY	YEAR	2h HO	LIR

REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 /		5 1	8
I DECEASED NAME FIRST	MIDDLE	LA	AST	20 DATE OF DEATH	MONTH DA	LY YEAR	26. HOUR
(TYPE OR PRINT)	ing W.	]	Luskey . Jr.	May 28,	1987		9:15
3 SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 I
Male	Caucasian	MONTH 7	16 11	75		ONTHS DAYS	HOURS A
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY C	OF DEATH	<u></u>
Washington, D.C		MARRIED	NEVER MARRIED				
10. CITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, NURSIN	WIDOWE		Prince Ge		12h KIND O	F BUSINESS
	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
Forestville USUAL RESIDENCE (IF NURSING HOME O	Regency Nursing			Government	- Ket.	rea.	Gov't
Maryland Prin	ce George Clinto	VN 1	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS . 6412 Horse	zip code shoe R	20.	735
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			LAS	7
Irving	W. Luskey	, Sr.	Annie	Eliz	a	Mead	ler
160 WAS DECEASED EVER IN U.S. A		JRITY NO.	17 INFORMANT	ADDRE		oo Dd	
(YES, NO OR UNKNOWN) (1F YES, G	578-05-3	986	Agnes B. Lus	skey Clinto	lorsesh n, Mar	y Iand	
gove rise to immediate couse (o1, stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (c) A HA	er6.50	NOT RELATED TO THE TERM	FACTURE HEART des MINAL DISEASE OR CON OBESCHY -	EAS EL	JS N IN PART TIE	,
	196. CONDITION FOR WHICH	OPERATION		200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
		OPERATION .	N WAS PERFORMED	200 AUTOPSY?  YES NO NO	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	GS USED
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR		200 AUTOPSY?  YES NO NO	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	GS USED OF DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.		N WAS PERFORMED	YES NO X	20b. IF YES, IN CERTIFY! YES	WERE FINDIN ING CAUSES	GS USED OF DEATH?
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ OR CONTRIBUTING [ OR ENTHER, NOTHER WAS UNDERLYING [ 15 EITHER, NOTHER WAS UNDERLYING [ 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?  YES NO NO	20b. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	GS USED OF DEATH?
TO THE TOP OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIP ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK  22a. I certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	N WAS PERFORMED  21c HOW INJURY OCCUR	YES NO X	20b IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO STAT
TO THE TOP OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIPE EITHER, NOTIFY MEDICAL EXAMINE AT WORK  22a. I certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	21¢ HOW INJURY OCCUR  21¢ LOCATION  STREET	200 AUTOPSY? YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  deoth occurred on the de	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO  STAT
TO THE TOP OF THE TOP	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, I)  21b. TIME OF INJURY (AT HOME: STREET, FACTORY, OFFICE, I)  21c. View the body offer deoth.	AY YEAR 19 FARM ETC)	216 HOW INJURY OCCUR  216 LOCATION STREET  217 19 8 d that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  deoth occurred on the de	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	COUNTY	NGS USED OF DEATH? NO  STAT
TO THE THE PROPERTY OF THE PRO	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	216 HOW INJURY OCCUR 216 LOCATION STREET  d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY? YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  A to 5  death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur	20b IF YES, IN CERTIFY! YES RY IN ITEM IS PAR wn	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO 1
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHER MADE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp sow the deceased alive or obove, (I) (we) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I port view the body offer deoth.  21 OR PRINT)  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I port view the body offer deoth.)	AY YEAR 19 FARM ETC)	216 HOW INJURY OCCUR  216 LOCATION STREET  217 LOCATION STREET  218 ATTENDING PHYSICIAN [ 228 ADDRESS	200 AUTOPSY? YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  A to 5  death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur	20b IF YES, IN CERTIFY! YES RY IN ITEM IS PAR wn	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO 1
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK  210. I certify that (I) (this hosp sow the decased alive or obove, (I) (We) (did) (did not one).  220. SIGNATURE  220. PHYSICIAN'S NAME (TYPE)  Dr. Mark H. F.	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I orital) attended the deceased from DIVIEW the hady after death.  PILOT, MD  123b. DATE 23c. 1	AY YEAR 19 FARM ETC)	216 HOW INJURY OCCUR  216 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  219 S  4 that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN [ 220 ADDRESS  6188 Oxon Hi	200 AUTOPSY?  YES NO	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR wn	COUNTY  Md 20  COUNTY	NGS USED OF DEATH? NO 1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



## STATE OF MARYLAND

	STATE REGISTRAR			IEALTH AND MENTAL	HYGIENE	3 7	1 5	1	8 4
-	CEASED NAME FIRST	MIDDLE		RAST	20 DATE	REG. NO.	INTH DAY	YEAR 1	7b HOUR
	ORPRINT)		.0	1117					A
	HENRY	STEVE		-012		30, 198	1		:00 M
3 SE	X	4 RACE	S. DATE (		6 AGE (II	YEARS LAST BIRTHD	MONTHS MONTHS		HOURS MIN.
-	ALE	CAUCASIAN	AUGUS	ST 16, 1930	56		YRS		
	IRTHPLACE (5 ATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	D NEVER MARRIED	S P BALTIM	ORE CITY OR	COUNTY OF DE	ATH	
	PENNSYLVANIA	USA	WIDOW	DIVORCED	□ PR	INCE GE	ORGE'S		MD.
10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY.		OR OTHER INSTITUTION		L OCCUPATION	ORKING HEET IND	USTRY F	BUSINESS OF
RI	VERDALE /	LELAND MEMO		ITAL	FOREI	GN LANG			CATION
USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESID	OR TOWN	113d INSIDE CITY LIMIT	Sagra Liza STDES	UPERUIS	QRODE .		
	DIVI (110) A.A.	OMERY STI	VER SPRING		9727	MT DT	SGAH ROA	AD #1	5112090
-	ATHER'S NAME			15 MOTHER'S MAIDE	NNAME		SURU KUI		311
	JOHN	MIDDLE	HAUM	- DORO	THV	WIDDIE		HOWA	RD
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT		ADDRESS			M.S.F.
	YES NO OR UNKNOWN) (IF YES, GIV	A 285	-26-2124	SIGMUND GR	OLLMAN	FRIEND	SAME AS	\$ 13	
	18 CAUSE OF DEATH (Enter or			A	A	LIXELIE			ATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	relio pulm	mary Am	est				
	IMMEDIA	E CAUSE (o)	100						
		DUE TO, OR AS A C	//	n fraumor	in =H.	halom			
	Canditions, if any, which	(b)	45 pacho	of gracero	aa 810	TE KEVA	19		
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF						
	onderlying cause tost.	(c) Dein	stu uller	s & septer	annla				
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN P	ART I a	
9	Tabelles Well	urus, Mue	himputh	CD-	re				
CA	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AU		Ob IF YES, WERE		
THE		Storage Co			YES 🗌	NON	YES 🗌		NO 🗆
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW INJURY OF	CURRED (ENTER	NATURE OF INJURY I	HITEM 18 PART 1 OR	PART 2)	
	OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION					
ME	WHILE NOT WHILE THE AT WORK	(AT HOME STREET FACTO	RY, OFFICE FARM ETC )	STREET		CITY OR TOWN	COL	UNTY	STATE
	220 I certify that (1) (this hospi	tally attended the decree	-11-	27 106	3	5/201	: (8)	46	at (II (we) lost
	sow the deceased alive an	Elasi	00	nd that in (my) (our) op	inion death occur	red on the date	and have and fe		
	obave, (l) (we) (did) (did no	t) view the body after de	oth.		mon dedin occur	rea on me date			
	276. SIGNATURE	01111		DEGREE ATTENDI	NG / MEDICA	1 STAFF	220	L DATE SI	10
	(20)	year.		PHYSICI	AN DIRECTO	R PHYSICIA	N D	3 3	10/01
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	7	27e ADDRESS					10.
	V.C.VF	FID M:		13311	aledo	Torre	ca Ky	alk	vill
23a (	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMAT	ORY 23d LO	CATION			
	BURIAL				C	TAINATT	COUNT		STATE
04.5	DUKIAL	June 3, 198	101, 102	PH CEMETER	Y ICIN	CINNATI	TIPAT	ON OF	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician o should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The

injury, or ather troumatic event,

IMPORTANT: If hem 21 is morked as

24 FUNERAL DIRECTOR FRANCIS J. COLLINS DREJR. 2 500 UNIVERSITY BLVD., W. SILVER SPRING, MD.

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7. 5 - 71 Land

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FRANCIS J. COLLINS, JR. TOO DATUESSITY BLVD. U. STIVER STRING,

OTHER DESIGNATIONS OF THE STATE OF THE SOURCE STATE OF THE SOURCE

5	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7
U 505 8 8 8 JUN	A DECEASED NAME	Thoma:	nas	HOLE /	Ly	nh, Jr	3-30-8
ge 4 may	3. SEX Male M		4 RACE Caucasi	lan	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY
	a BIRTHPLACE ISTATE OR COUNTRY)  Virginia	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED	9 BALTIMORE CITY OR CO
and the state of t	10 CITY OR TOWN OF DE	1	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET A Memoria	ADDRESS)	pital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Electrician
AND 212	USUAL RESIDENCE (IF NUR 130 STATE Maryland	THE COUN	YTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Annapol:	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 358 Severn
AMARKITA MARKITA	FATHER'S NAME FIRST Thomas		MIDDLE H	Lynn, S	sr	15 MOTHER'S MAIDEN N. FIRST Mary	
IMORE, or execution and expected to proge the control of the contr	WAS DECEASED EVER		MED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU 218-30-28		17 INFORMANT  Crystal Lynn	ADDRESS 358 Severn Re
T. BALT Tilicote to physical moval ment (4)	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	nly one couse per D BY: TE CAUSE (a)	line for de the come	ges	tive	Head,
the death cer the attending more corbo	Canditions, if any gave rise to im couse to, static underlying couse	r, which mediate ng the	DUE TO, O	R AS A CONSEQUE	e yes	of artin	Jailare J Chrisan

DUNTY OF DEATH MD. rges 126 KIND OF BUSINESS OR RKING LIFE) INDUSTRY Fed Government CODE Road (21401)LAST Raney (21401)Annapolis, MD APPROXIMATE INTERV PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION No DATE OF OPERATION 204 IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? VES [] NO YES.F NO IT 716 TIME OF INJURY THE HOW INJURY OCCURRED TENER PARTIES OF PHILES IN ITEM IS BAST LOR PART ED The ACCIDENT WAS UNDERLYING I HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IN EITHER HALLEY MEDICAL EXAMINER THE PLACE OF INJURY TH LOCATION CITY OR TOWN CONNE STATE AT HOME STREET, FACTORS, OFFICE HARW ETC.) NOT WITH E 22s I certify that and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL **STAFF** PHYSICIAN DE DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE BURIAL 6/3/87 BRENTWOOD FT LINCOLN CEMETERY MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS ulia Devider Las

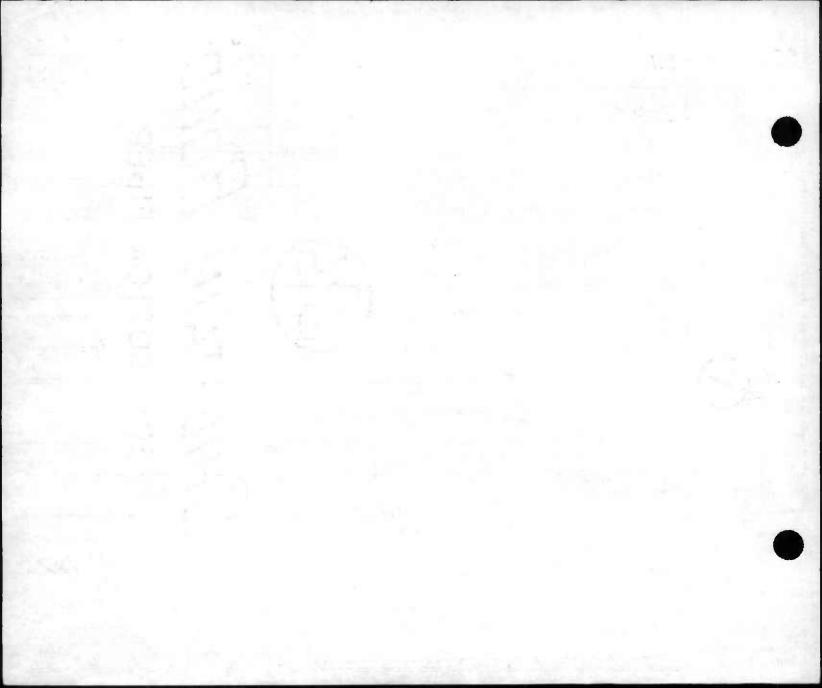
DAY

26 HOUR

DHMH - 16 60M 7/84 (VRA 15, 4)

D FUNERAL DIFECTION OF THE State Dept. of

DEMAINE FUNERAL HOMES, INC ALEXANDRIA VA 22314



		1.	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO	GIENE,	5 1 3 5				
191	MAY	38	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
			CEASED NAME . FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
2 51		(,,	Margue	rite Hazel	LYON	May 13, 1987	7: 20mm				
DE 2		3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
4 91			Female	White	MONTH 2 03 DAY 09 YEAR	78 YRS	DATE TOOKS				
2 33	1900		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY					
do the	7/		Washington DC	USA	WIDOWED XX DIVORCED	Prince George County Mg					
1/0	633		TY OR TOWN OF DEATH	DECEMBER AND PARTY OF THE PROPERTY OF THE PROP	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
20	CB	4973	LI PECIPENCE US WIREWOOD OF			Homemaker .	N/A				
24 he	75		TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW ICO GOORGO GROON be	N 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 15R Laurel Hill	Rd 20770				
1 /	JX.	AL FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST				
D Con	入事的	9	Harry	G Gossag	e Nora		DeLong				
N	-		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS					
ad 0 0	1/		No	578-10-4	370 Mary E. Wynk	oop same as #13					
physic	mostil.		DADT I DE ATUINZAC CALICI	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a) Con Levi V		APPROXIMATI BETWEEN ONSE					
oth ce	n, or motic			DUE TO, OR AS A CONSEQUE	/	2					
dec dec	frou		Conditions, if ony, which gove rise to immediate	(b) vente	Mys carrier fe	ev.	J weeks				
by th	l, crem		couse (a), stating the underlying couse lost.	DUETO, ORAS A CONSEQUE	1 . 0 1 1/1 0/ 3	en	3 weeks				
nes t	y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1 0				
ope of The	p : 0	O N	Statur nor ce	ere for vercula	afarell						
on.	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \bigcap \)				
physicial physicial	18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 7)				
SIC	Hent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
G PHY offend offer this	ked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
Aft	morra		-	ital) attended the deceased from	Alar 24 , 1987	10 /4 ag / 3h	19.87 , that (I) (we) lost				
TOR	of He 21 is	15	sow the deceased alive or	1 1 11 1	ond that in (my) (our) opinion	death occurred on the date and hou	ond from the couses stated				
R A hosp	ept.	83	324 STONATURE	or view the body offer deoff.	DEGREE		224 DATE SIGNED				
the the	T: #		Vuel	em	· ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	May \$34198				
SPIT SPIT	A AN		124 PHYSICIAN'S NAME THE	DR PRINT)	22e ADDRESS						
O HO etoine	MPORT		Till Bergem	an M.D.	115 Centerw	ay, Greenbelt, Mo	1. 20770				

23c NAME OF CEMETERY OR CREMATORY

5/16/87 Washington National 4400 Powder Mill Rd. BeltsvillsonMd 20705

23d LOCATION

1987

onal Suitland Prince George Md

250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ico, Tindron Randallo

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

23b. DATE

230 BURIAL, CREMATION, REMOVAL Burial

M FUNERAL DIRECTOR
Donald V. Borgwardt



055325

	FOR				DEPA		E OF MARYLAND		IENE				e'.	,
	- STATE	AR			DE1 74		ICATE OF DEA		8	REG. NO.	1 1	0	0	1
	I. DECEASED NA	AME	FIRST	^	AIDDLE	1110	LAST		20 DATE OF E		NTH DA		26 H	OUR
		an		= $f$	<u>_</u> ,	Ma	calee		3	2	18-1		8:1	
P	3. SEX Fema	le		W h	te	S. DATE (	OF BIRTH  DAY  2 L	YEAR	6. AGE (IN YEA	RS LAST BIRTHD		UNDER 1 YEAR		DER 24 HRS
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	24 FUNERAL DIF	RECTOR Re	ndon-	-Hale La	nham, F	uneral	Home	25a. DATE	E REC'D. BY REC			R'S SIGNA	TURE	1944

9013 Annapolis Road, Lanham, Maryland 20706

DHMH - 16 60M 7/84 (VRA 15, 4)

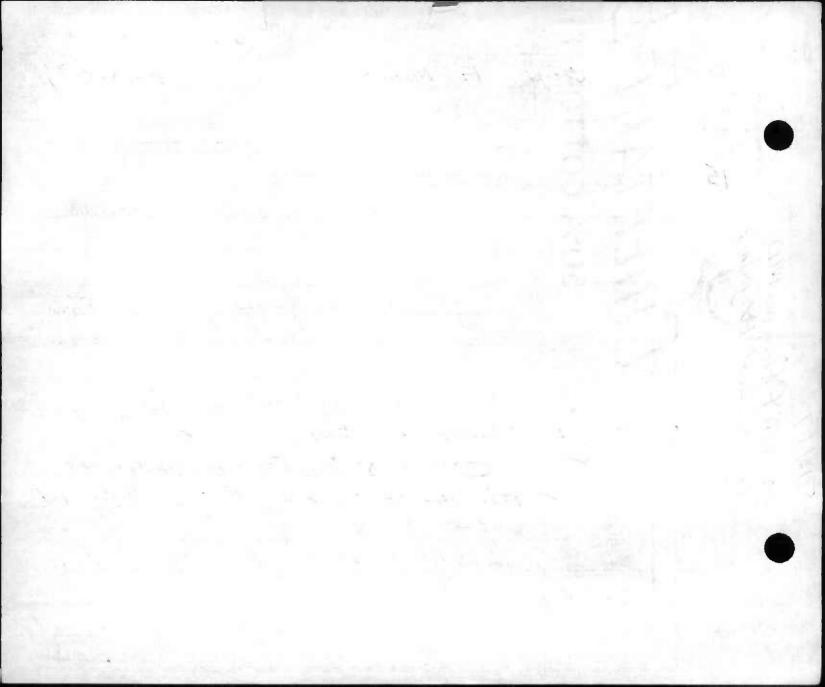
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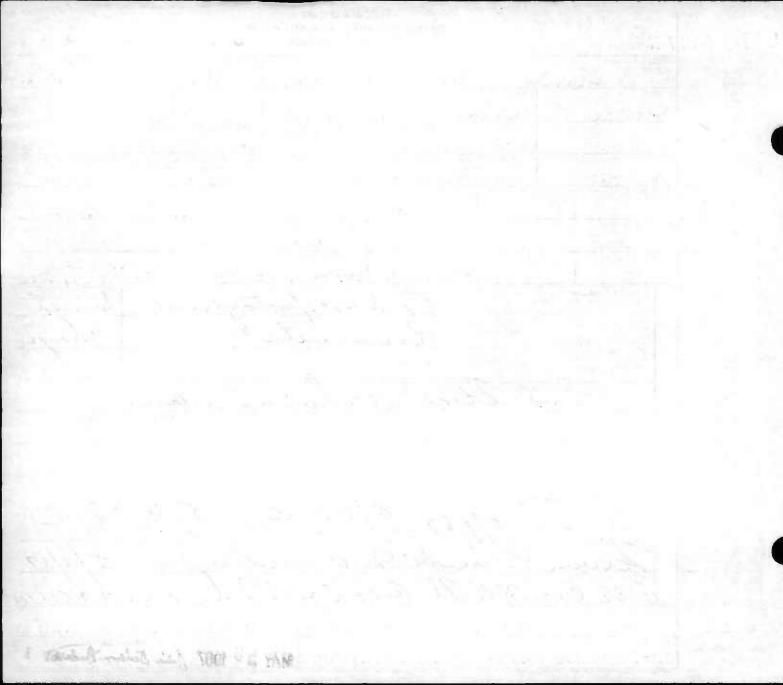
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STATE OF MARYLAND

ulia Divideon Pandale



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ORE	exect	ond o		VAS DECEASED EVER		WAR OR DATES)	166 SOCIALS		17 INFORMANT			Was	h.,DC	200	)36
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ECO	NO.	s bee	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION R WH	ICH OPERATIO	N WAS PERFORMED	20e AUT	OPSY?	206. IF YE	S, WERE FIN	IDINGS SES OF	USED DEATH?
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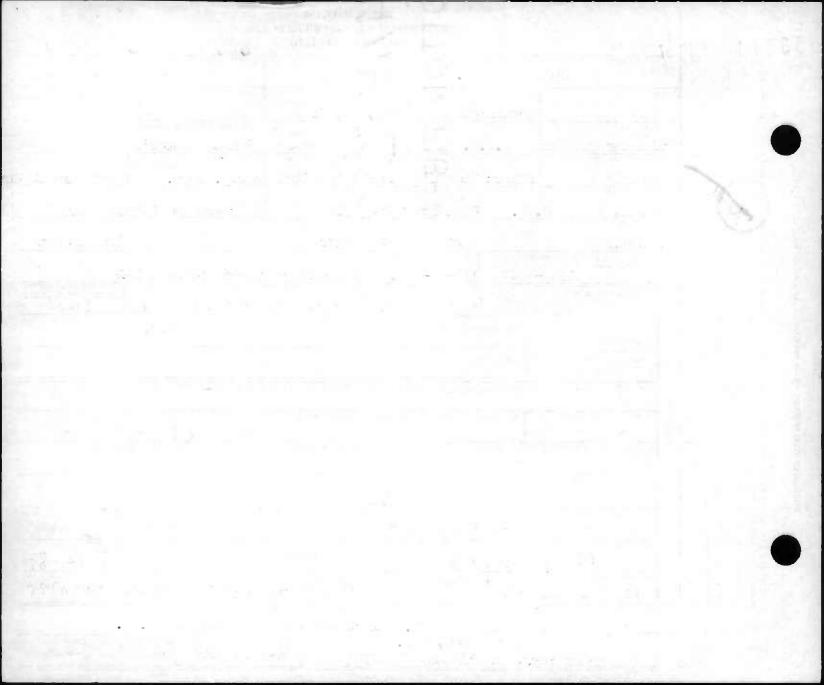
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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€ £			CEASED NAME OR PRINT)	Louis		M.		Mar	fuggi	2	DATE OF DEATH	MONTH I	DAY YEAR	25 HOUR
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24	-D77		ITY OR TOWN OF D					OME OR O	DIVORCED	N 1	20 USUAL OCCUPAT	ION	12b. KIND (	OF BUSINESS OR
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es es	edico	16a V	VAS DECEASED EVE			166 SOCIAL	-		INFORMANT		ADDR	ESS		
000	a ed	-	YES, NO OR UNKNOWN)	1942-	1947	114-14	1-5008	3	Filomena	Marf	fuqqi Sam	e as 1	3A-E	
sicio pers.	el.		18 CAUSE OF DEA	ATH (Enter anly	one cause per	line for (a), (	bi, and ici.							XIMATE INTERVAL LONSET AND DEATH
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d by	o la		underlying cau	se last.	(c)_									
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een nt. Th	ny in	CERTIFICATION	190 DATE OF OPER	ATION	19h COND	ITION FOR W	HICH OPER	ATION V	VAS PERFORMED		20a AUTOPSY?	286 IF YES	, WERE FINDI	INGS LISED
n. nos b	S D	FIC	The DATE OF OVER		110 00110	MONTOR W		VALIOIT I	VAS TERT ORMED		_ ~	IN CERTIF	YING CAUSES	S OF DEATH?
ote h	sh ygien	H H	21a, ACCIDENT WAS U	INDERLYING	21b. TIME C	F INJURY		2	1c. HOW INJURY O	CCURRE	YES NO NO	RY IN ITEM 18 P		NO 🗌
rtific ol-tro	T W		OR CONTRIBUTING			M. MONTH	H DAY	YEAR						
all s	Men	MEDICAL	21d INJURY OCCU		P. 21e. PLACE		_	19 21	If LOCATION					
er th	ond	W.	WHILE NOT	WHILE D	LAT HOME, ST	REET, FACTORY, O	FFICE, FARM, E	IC)	STREET	0 -	CITY OR TO	WN	COUNTY	51 A1E
Se D	Hoe		22a I certify that		al) ottended th	e deceased f	rom	766	19_	17	to ma	1	1987	that (I) (we) lost
TOR	of He 21 is		saw the deced	used alive on_	S-(	2 alter death	19 87	, and t	hot in (my) (our) op	pinion dec	oth accurred on the d	te and hou	r and from the	couses stated
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AL D	T. F			Qi- Gi	Tomb	5.0			ATTENDI PHYSICI	ING X	MEDICAL STA	FF IAN	5-	13-87
NER	the Ste	1	224 PHYSICIAN'S	NAME (TYPE OR	PRINT			2	ZE ADDRESS					1 22/
TO FU	MPORTAN		Kai-Yi	4 Yeurs	5.8				8419 MU	Vdya	d Rd # 20	1 Chive	m, Md	120135
5 42	3 ≥		BURIAL, CREMATION	N, REMOVAL	23b. DATE		23t NAME	OF CEM	ETERY OR CREMAT	TORY	23d LOCATION		COLLAND	STATE
P		B	urial		05/15			Olive	et Cemete	400	Washingt			
	50M 7/B4		JNERAL DIRECTOR	Lee F	uneral	Home	INC.			Sa DATE P	REC'D. BY REGISTRAR	25b. REGIST	RARSSIGNA	TURE
(VRA 15	5, 4) 663	10	ld Alexan	der Fer	ry Rd (	Clinton	n, Md	2073	35	WAI	18 1987	Julia 10	coldus.	- COLOR



J55440 JU	-	FOR - STATE ', REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5   9
oge 3		CEASED NAME FIRST E OR PRINT)  CLACA	WIDDLE	MARSHALL	5/22/87	DAY YEAR 26 HOUR 20
ge 4 moy ector, po	3 SE	× Female	4 RACE  W	5. DATE OF BIRTH  MONTH  DAY  YEAR  O  S  O  O  O  O  O  O  O  O  O  O  O	6. AGE (IN YEARS LAST BIRTHDAY)  8 2 YRS.	#FUNDER LYEAR IF UNDER 24 HRS
1169	10 E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNT	Y OF DEATH MD.
1 AC	G	EENBELT	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, GREENBELT A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Retired	176 KIND OF BUSINESS OR INDUSTRY Nursing
	Ma		George Greenbe	1t YES X NO	13e.STREET ADDRESS / ZIP COD 7010 Greenbelt	
			E. Oakley	15. MOTHER'S MAIDEN NA FIRST Amelia	MIDDLE	Hearne
parameter of the second	175	no	VE WAR OR DATES)	350 Frederick Ma	rshall Barsto	
g physic anpoper emavo		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for 101, (by.one D BY TE CAUSE (o)	Erdiae arr	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  I CHICAGO CO
that the death or by the attending ease remove cort ol, cremation, or or other traumatic		Conditions, if ony, which gave rise to immediate couse 10), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	currinoma.	of colon	" years
requires t	CATION	al	gheimer's	DEATH BUT NOT RELATED TO THE TERM		
no. In. Permi	CERTIFICA	198 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
SICIAN: ng phys certifico priolitror tentol Hy hem 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Mer this os the but thought or wed or arked or a	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospitol o		sow the decree of alive on obove, (I) we (did) did no	ital) attended the deceased from 19 St. view the body after death.		death occurred on the date and ho	
TAL OR PAY THE HOND THE HOND DIRECTOR DIRECTOR TO THE DEPOSITE THE HOND THE		22b. SIGNATURE	ranitodo		MEDICAL STAFF DIRECTOR PHYSICIAN	S/22 /
TO HOSPITAL (retained by the TO FUNERAL Eshould be detoined the Store ElimptoRTANT: If		22d PHYSICIAN'S NAME (TYPE OF	d granite		terway gr	ecubelt reco
BP		BURIAL, CREMATION, REMOVAL (SPECIFY Cremation	May 22 1987 M	etropolitan Crematory	ory Alexandria,	, Virginia STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director all Funeral Hom	ADDRESS	O Annapolis Rd 250 DAT e, Maryland J	UNS 1987	TRARESIGNATURE

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Maryland Frince Searge Oreanbris :

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OTTOS . M. SE SE SESSE

DOWNS AND THE STATE OF THE STATE OF MINISTERS

153	8 0 9 KAY		FOR STATE REGISTRAR			DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 7	0.	5 1	9 2
		1. DE	CEASED NAME	FIRST		WIDDLE	l.	AST	20. DATE OF DEATH	MONTH (	DAY YEAR	2b. HOUR
	oy be	(,,,,	Au	brey		C.	Mar	tin	Ма	v 11.	1987	1:05a M
	months. bo	3. SE	Male BIRTHPLACE (STATE OR FOREIGN VICEINIAN CITY OR TOWN OF DEATH Riverdale		4 RACE Caucasian 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (# NOT INSUCHFACILITY, GME STREET A Leland Memorial		MARRIED NEVER MARRIED WIDOWED DIVORCED MIGHOME OR OTHER INSTITUTION ADDRESS)		6. AGE (IN YEAR LAST BRIHDAY) IF UNDER TYPER IF UNDER 74 HR.  76 YRS.			
	1 1183											
101		2							12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE	E) INDUSTRY	of BUSINESS OR employed
AND 212	35	Ma Ma	AL RESIDENCE (IF NURS TATE TYLAND	13b P.		Riverdal		134 INSIDE CITY LIMITS? YES NO	2718 Kirk			20782
MARYL	13/46	N	ATHER'S NAME FIRST		MIDDLE L.	Marti	n	IS MOTHER'S MAIDEN NA FIRST Mattie	MIDDLE		Mard	ers
IMORE	Poges		YAS DECEASED EVER YES, NOOUNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Ella Louise	Martin Sar		13 A-E	
W. PRESTON ST., BALT	by the attending physicio by the attending physicio by the attending physicio by the attending acceptable attending acceptable attending accept, the		Conditions, if any gave rise to im- couse to), stofit underlying cause	AS CAUSE  IMMEDIA  , which mediate ng the	DUE TO, O	CARDIO P R AS A CONSEQUE VENTRIC R AS A CONSEQUE	ULM NCE OF ULAF	ARRACTH			APPRO- BETWEEN	XWATE INTERVAL ONSET AND DEATH
20	a deligion of		PART 2 OTHER SIG	NIFICANT				NOT RELATED TO THE TERM		DITION GIV	EN IN PART 1	Ia
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AL RECO	The law of	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	IN CERTIF	, WERE FIND YING CAUSE	INGS USED S OF DEATH? NO []
OF VITA	THE PERSON	1 2	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	THE STATE OF THE S	OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
VISION	or this ord Me	MEDIC	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE

DHMH - 16 50M 4/83

Burial

226 SIGNATURE

230 BURIAL, CREMATION, REMOVAL 05/13/87

22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on STO above, (IMVe) (did) (did not) view the body after death

Padmaja Udapi, M.D.

23t NAME OF CEMETERY OR CREMATORY Prospect Hill Cemeter

22e ADDRESS

DEGREE

Washington D.C.

6005 Landover Road, #8, Cheverly, Md. 20785

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN

STATE

22c. DATE SIGNED

5-11-87

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton, Md 20735

MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE = STATE REGISTRAR DECEASED NAME 20 DATE KNOWN 2b. HOUR 340 [ TYPE OR PRINT) OF ESTI-Grace CESSARY, PLEASE
HIERAL DIRECTOR.
OR YOUR FILES.
ITHIN 72 HOURS DEATH MATED 19 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DAY LAST BIRTHDAY) DATE 2d HOUR 34 MONTH PRONOUNCED 87 12 DEAD TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED EOREIGN COUNTRY) WIDOWED 1 DIVORCED goner IO CITY OR TOWN OF DEATH 12h. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 053 Homemaker Ho BF 13. STREET ADDRESS ON 11 USUAL RESIDENCE HEINT 130. STATE 136 COUNTY Montgome 20906 GIVE PA GIVE PA WITH FORW PM PAGES I AND 2 PAGES I AND 2 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE FIRST John Ertzman Campbell Mari IT INFORMANT TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 34 HOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AFTER-DEATH, WITH THE STAFF BEPRATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BALTHWORE, MARYLAND) 2) 201 PROR TO BROATLON, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) ( FYES, GIVE WAR OR DATES) 563-66-2636 No Helen Niece Same as 13 Jordan CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 0 AUTOPSY? YES NO-T 16. TIME OF INJURY TIE HOW INJURA OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING -BOR HOUR A.M. MONTH DAY MEDICAL CONTRIBUTING CAUSE OF DEATH 21 PLACE OF INJURY 714 INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Inspection 1 270 I certify that I took charge of the remains described above, held on and in my apinian death resulted from: Natural couses Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME JOHN Rogers. ADDRES 1919 Seminary Road Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY May 26, 1987 Gate of Heaven Cometery Silver Spring Mont Burial 07/B4 BP Montgomery ISTRAR'S SIGNATURE 25M Francis J. Collins. Jr. **DHMH - 17** Julia Divideon Randock ty Blvd. W. Silver Spring. (VR A15 ME (5))

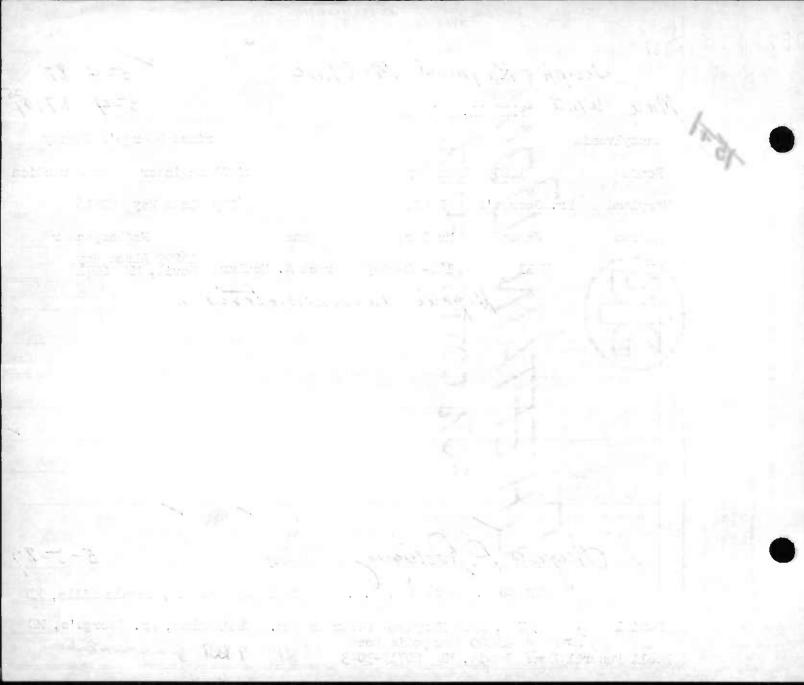
Mark and Street Committee of the Committ

Helen P. Terdon More Same of 15

John S. Regera, M.D. 1919 Pendingus Bord Silven Sphing, Mil.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTIymma AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD APRIL 11,1921 9 BALTIMORE CITY OR COUN MARRIED TO NEVER MARRIED Prince George's County Pennsylvania USA DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
16209 Alson Way Civil Engineer Construction Bowie 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 16209 Alson Way Pr. George's Maryland Bowie YES X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Andrew McClure Anna Madenspacher James 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 16209 Alson Way (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 168-12-1549 Grace A. McClure Bowie. MD 20716 18. CAUSE OF DEATH (Enter only one cause pent of far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: cenoma IMMEDIATE CAUSE (a) DUE TO, OVAS A CONSEQUENCE OF ABRE THE WORLD THE WEBDICAL EXAMINATION, OR PAGE 3 SHOULD BE USED AS A BURIARL TRANSITY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDING THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDING THE STATE DEPARTMENT OF BURIAL, CREMATION, OR REMON Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram: Natural causes Accident Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez. M.D. ADDRESS 5009 Rayburn Ct Temple Hills, MD (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Burial Maryland Veterans Cem. Cheltenham, Pr. George's, MD 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 6000 Annapolis Road Julia Dandon. **DHMH - 17** (VR A15 ME (5)) Bowie, MD



DHMH - 16 60M 7/84 (VRA 15, 4)

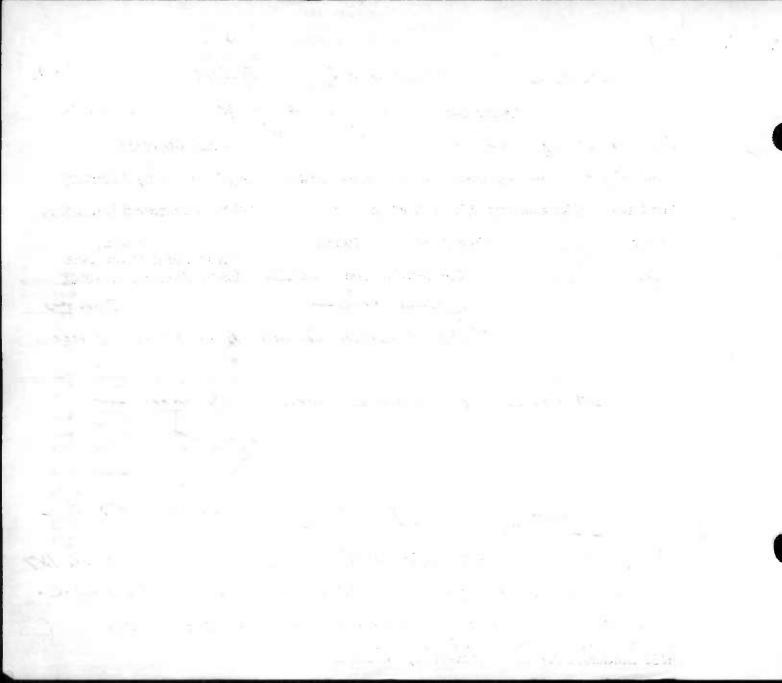
STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE						
CERTIFICATE OF DEATH							

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AND DESCRIPTION OF PERSONS ASSESSMENT	aryland   Mon	tgomery   Silver !	Spring YES X NO 1		rood Ln. 20904	
1/60	James	MC Donale	Susan	MIDDLE	Cusack	
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for us of He 21 is	saw the deceased alive	-/2/	, and that in (my) ( opinio	on death accurred on the date and	hour and from the causes stated	
ched ched Dept.	226. SIGNATURE	12	DEGREE	MEDICAL STAFF	221 DATE SIGNED	
deto forte	1 /m	a ron		MEDICAL STAFF DIRECTOR PHYSICIAN		
	221 DUVELCALARE NAME		11. ADDDECC		3/24/87	
FUN or the	224 PHYSICIAN'S NAME (TYP		27e ADDRESS	972 N.W. h	18hD.C.	
TO HOSP retained by Should by the by March t		J. Foster	220 ADDRESS  9/6  NAME OF CEMETERY OR CREMATORS	473 N.W. M	S/26/87	

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, MD 20781

250 DATE REGID BY



24 FUNERAL DIRECTOR McGuire Funeral Service

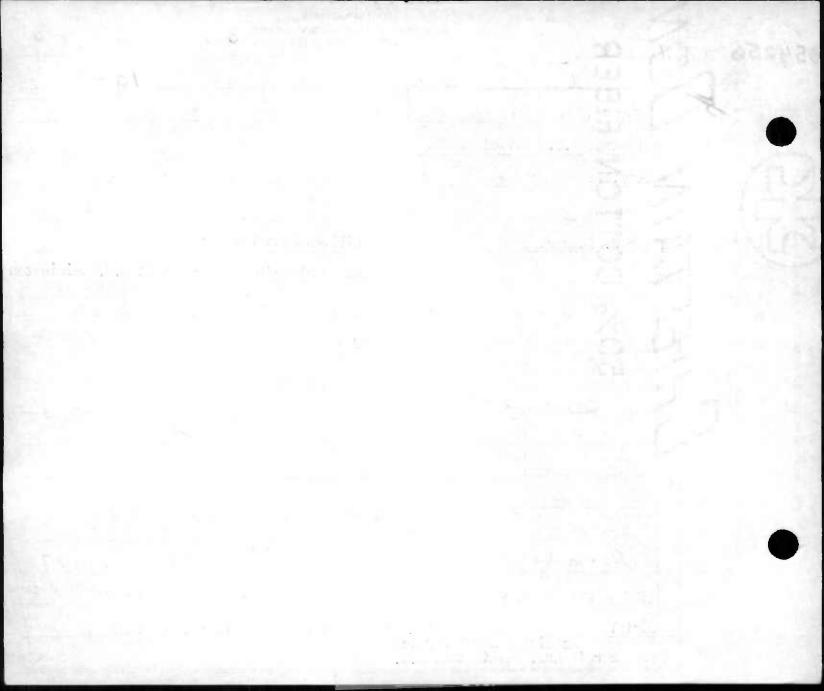
7400 Georgia Ave. Washington, D.C.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TRAR 256 REGISTRAR'S SIGNATURE



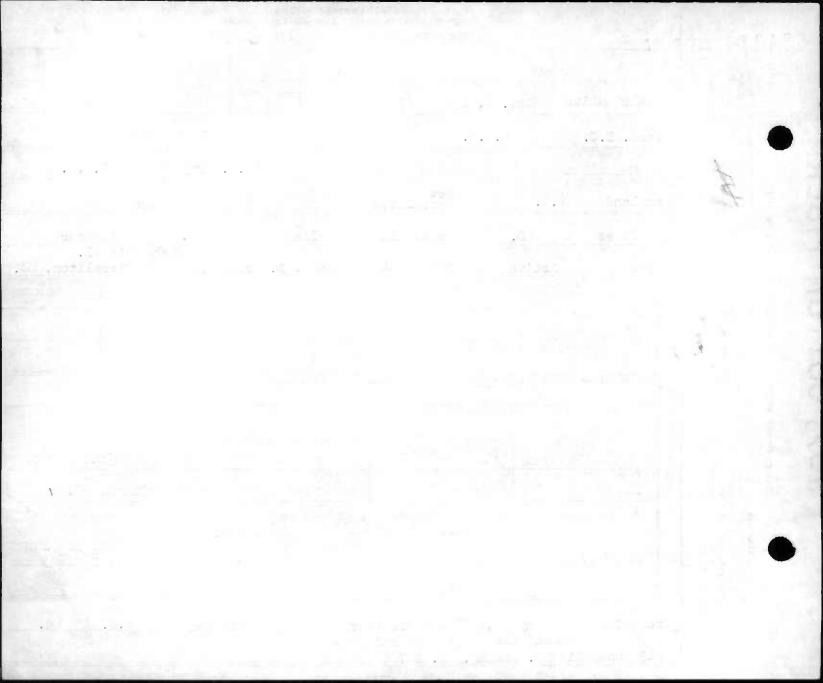
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ELE ELE	the the ond ond	×	WHILE NOT WH	INE	(AT HOME S	TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	Aft. Aft. morl		22a I certify that (I)		al) ettended t	he deceased from	**	10 198	3 10 5.18	10	1987.	hat (I) (we) last
7	TOR: or us of He		sow the decease	ed alive an.	5.11	87 19	, a	nd that in (my) (our) opinion	death occurred an the do	ote and hour o	nd from the c	auses stated
	REC ned hosp		abave, (1) (we) (d 22b. SIGNATURE	old) (did nat	) view the bad	y after death.		DEGREE			22c. DATE S	IGNED
U S	te Dela		The Land Land	Lin	SVI	_		ATTENDING PHYSICIAN	MEDICAL STAF		05-1	8-87
1	by Sto		22d. PHYSICIAN'S NA	AME (TYPE OF	Photo			22e ADDRESS	DIRECTOR PHYSIC	1514	1	
0	toined by		Dinesh K	. Josh	ni. M.D			6525 Belcrest	Rd. Hyatt	sville.	Marvi	and
5	5 g 5 g 3 g	23q.	BURIAL CREMATION				NAME OF C	EMETERY OR CREMATORY			7.	

Dinesh K. Joshi, M.D. 6525 Belcrest Rd., Hyattsville, Maryland 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cremation Cremation May 19, 87 Metropolitan Crematory
PRANOTS GASCH'S SONS FUNERAL HOME, P.A 250 DATE RE 4739 Baltimore Ave., Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

9013 Annapolis Rd. Lanham. Md. 20706

DHMH - 17 (VR A15 ME (5))



38

neral director, page 3 in 72 hours after death

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

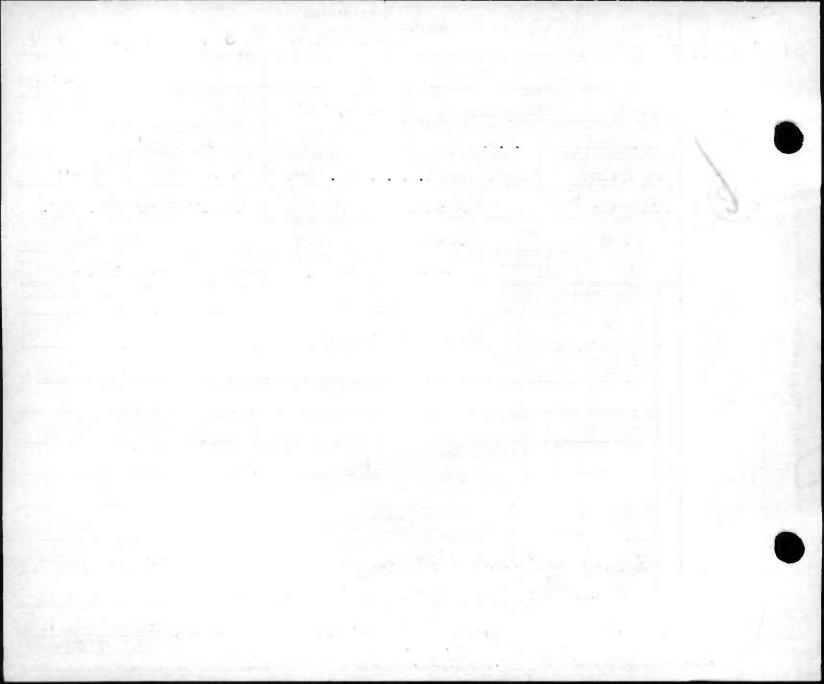
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Ca	mp Springs	Malcolm	Grow U.S	A.F.	Med. Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) NOMEMAK	OF WORKING	126 KIND C INDUSTRY hon	of BUSINESS OR	
13a	AL RESIDENCE (# NURSING HOME OF STATE NO. COUL Alifornia	ROTHER INSTITUTION. NTY	13c. CITY OR TOWN Lakewood	N	13d. INSIDE CITY LIMITS?	13¢ SIREET ADDRESS 5312 Bell	fiowe	r Blvd.	90712/	
147E.	Floyd	MIDDLE	Surgise	n	15. MOTHER'S MAIDEN NAME EIva	WIDDLE		Greenwood	od	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT (SPOU	ise) ADDR	ESS			
L.	NO (IF YES, CON NO N	YE WAR OR DATES)	006-16-3	043	Carl L. McTa	ggart	same	as 13 a	- e	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	BETWEEN	ONSET AND DEATH							
	CARDIOPULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF SUDDEN CARDIAC ARREST  DUE TO, OR AS A CONSEQUENCE OF SUDDEN CARDIAC ARREST  DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
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NO.										
CERTIFICATION	196 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	YES, WERE FINDIN TIFYING CAUSES YES []		
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	PED (ENTER NATURE OF INJU	IRY IN ITEM IS	8 PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
	270. I certify that (X (this hospital) attended the deceased from 6 MAY 19 87, to 7 MAY 19 87, that Xi (we) last saw the deceased alive on 7 MAY 19 87, and that in (nX) (aur) aprinion death occurred on the date and hour and from the causes stated above, X (we) [xfix] (XXXXIII) when the body after death,									
	Diana Diana	bhase	n CAPT	USA	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED Y 1987	
	M. PHYSICIAN'S NAME THE				22e ADDRESS					
	BRIAN D. JOHNS				MALCOLM GROW		EN,	ANDREWS	AFB MD	
	BURIAL, CREMATION, REMOVAL (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	-	COUNTY	STATE	
	cemation	May 8,	1987   L€	e Cr	ematory	Clintor	Pr	ince Geo	orge's Mr	
			Home, Inc		NA AV.	REC'D. BY REGISTRAR		STRAR'S SIGNAT		
01	d Alexander Fer	ry Rd.	Clinton,	MD 2	0735 MAI .	1 0 1901				

40 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 spo

May 8,1987 Lee Crematory
Lee Funeral Home, DIA. Cremation
24 FUNERAL DIRECTOR Old Alexander Ferry Rd., Clinton, MD 20735

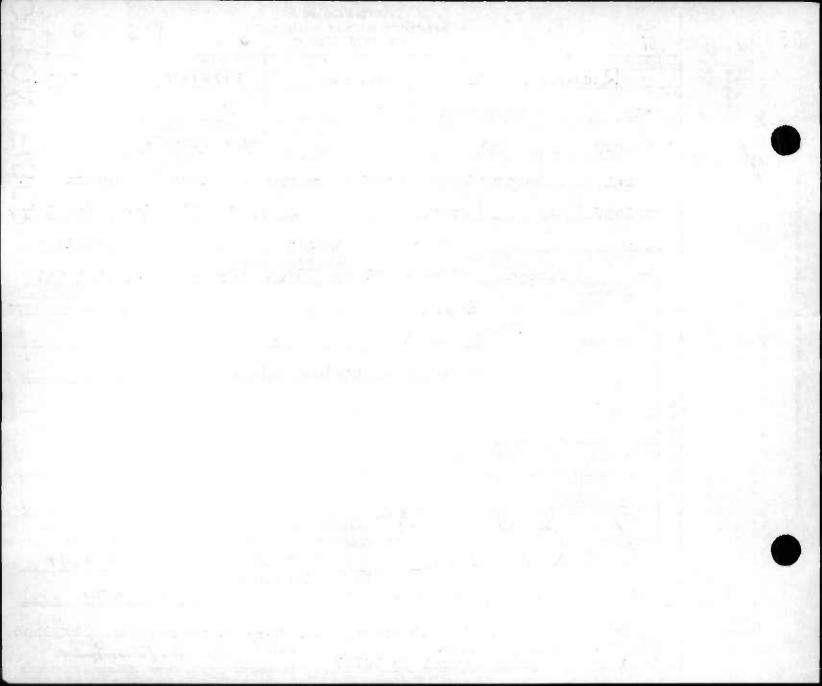


STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

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00	10 C	ITY OR TOWN OF DEATH			SPITAL, NURSIN		R OTHER INSTITUT	ION	120 USUAL OCCUPATE		12b. KIND OI	F BUSINESS OR
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a Mizo	M	aryland	AA.		Laurel		YES NO		224 Suit		e Dri	ve/2070
ARYLAND 2120		ATHER'S NAME	N	NDDLE	LAST		15 MOTHER'S MAI	IDEN NAM	AE MIDDLE		LAST	1
W A	1	John			Meer		Ameli	ia				Silva
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DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the death cert ottending physician. Ifter this certificate has been signed by the attending jass the burnol-transit permit. Then please remove carbor th and Mental Hygiene prior to burnal. cremation, ar ret orked or them 18 them structury, are other traumptic ex-	MEDICAL	21d. (NJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE OF	INJURY FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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OR A DIRECTOR A DIRECT		226. SYSNATURE		1. 0	,	4/1	DEGREE				22c. DATE	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the uttack of processed compared, filled in by the should be detached for use as the buriol-transit permit. Then please removementances frages and with the State Dept. of Health and Mental Hygiene prior to buriol, central and analysis.

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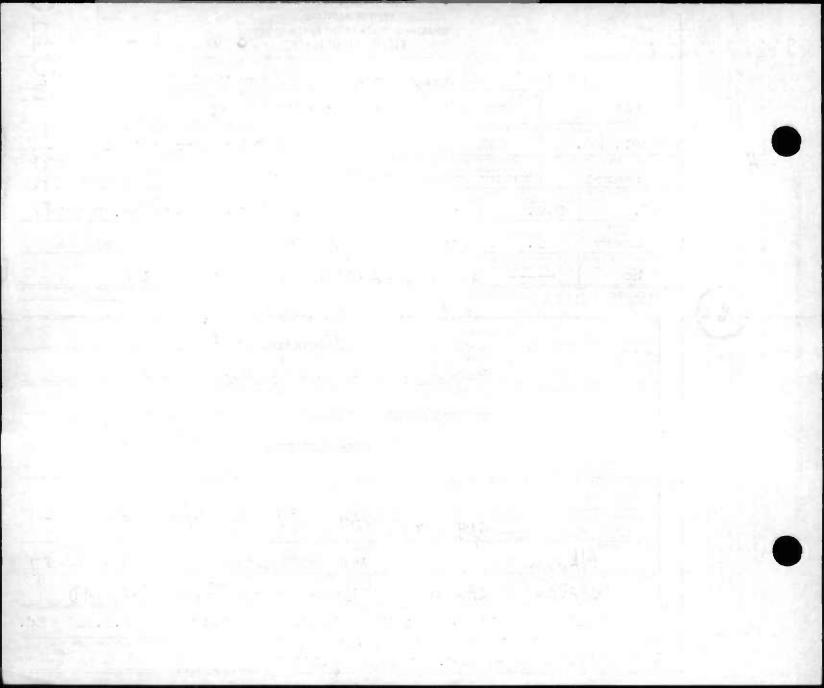
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	2 8	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE S	REG. NO.	5	2	0	
		CEASED NAME FIRS	liam	WIDDLE		AST		OF DEATH MONTH	DAY	YEAR	2b HOUR	
	3 SEX			Emocy	Mers			15, 1987	T of contr	20121	2:10A M	
	3 SE/	Male	4. RACE Cauc	casian	S. DATE C		- Children					
5	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Urel, Md.	76. CITIZEN OF		ce Georges			MD.				
4	Daurer, Md. USA.   WIDOWED   DIVORCED    10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Creater Laurel Beltsville Hospit						12a USU	AL OCCUPATION VORK FOR MOST OF WORK	ING LIFE) IN		TRE WESS OR	
5	13a. S		ME OR OTHER INSTITUTION. COUNTY P.G.	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Laurel		13d INSIDE CITY LIMITS?		Nichol:		. 20	707	
0	I4 FA	Emory	G.	Merson		15. MOTHER'S MAIDEN NA Amanda	AME	WIDDLE	(	Geis	51	
1		VAS DECEASED EVER IN U.		166. SOCIAL SECUE	RITY NO.	17. INFORMANT		ADDRESS				
1.	17	res, no or unknown) (if y	ES, GIVE WAR OR DATES)	212 20.	2156	Holton Mer	son	same as	13e			
Miller	-	18 CAUSE OF DEATH (Ent PART I. DEATH WAS C. IMMI Conditions, if ony, whice	AUSED BY: EDIATE CAUSE (a) DUE TO, O	ACUTE AS A CONSEQUE	Respi	ratory Failu	re na an	nd		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		gove rise to immedia couse (a), stating th underlying cause los	DUE TO, Q	R AS A CONSEQUE	NCE OF	lestructurie Pu	lmona	ny Risea	se			
	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	MINAL DISE	ASE OR CONDITION	V GIVEN IN	PART 10	a	
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU		EYES, WE ERTIFYING YES [		NGS USED OF DEATH?	
7		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART I C	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET		CITY OR TOWN	(	OUNTY	STATE	
		22a.l certify that (I) (this sow the deceased alm above, (I) (we) (did) (d	ve an Z	114 198	, an	od that in (my) (aur) apinion	, ta_	orred an the date and	, 19 <b>%</b> d hour and	1	that (II (we) last causes stated	
		226. SIGNATURE MK	vun	/	(	M.D. ATTENDING PHYSICIAN	MEDIC	AL STAFF OR PHYSICIAN		5-	SIGNED 15-87	
/		224. PHYSICIAN'S NAME (	TYPE OR PRINT)	CARIM		76/0 Carroll	l Ave,	Takoma	Park	, M	D	

PUNG .

Md.

136 NAME OF CEMETERY OF CREMATORY IVY Hill Cemetery 23b. DATE 5/18/87 23d LOCATION L'aurel 23a BURIAL, CREMATION, REMOVAL ISPECIFY) Burial FUNERAL DIRECTOR 7601 Sandy Spring Road 250 DATE REC Fleck Funeral Home, Inc. Laurel, Md.20707MA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	1	Long	. )	13
REG. NO.	-	7	Éw	

Ī		REGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO.	- 6m	0	
		CEASED NAME	FIRST		MIDDLE	T.	LAST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR	
I	(11PE		rothy	V		MEY	FDC	14 00	100=		5:41Pm	
ı	3. SE>			4. RACE		5. DATE C	OF BIRTH	6. AGE (INTY	AS LAST BIR MOAY	MONTHS DAYS		
ı	Fe	male		Caucasi	an	June	21, 1913 YEAR	73				
ı	70. BH	RIHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMOI	RE CITY OR COUN			
ı	No	rth Carolin	na	U.S./		WIDOWE	DIVORCED [	Pri	nce Georg	ge's	MD.	
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET						IG HOME C	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING		OF BUSINESS OR	
Lanham Doctors Hospit						al of	Pr. Geo. Co		maker .		Home	
1		L RESIDENCE (IF NURS	136 COUL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET A	ADDRESS / ZIP CO			
	Ma	ryland	P.G	•	Bladensl		YES 🔀 NO		56th Aver		10	
I	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I		WIDDLE	LA		
I		Henry		E.	Crona	n	Lillian	1	G.		yne	
I		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (So	n)	4206 56	th Aven	ue	
١	No				564-18-0	138	Dale M. Mey	ers, Jr.	Bladens	bura M	d. 20710	
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١				TE CAUSE (0)	spenas	104	new		9 /		ne well	
١				DUE TO, O	R AS A CONSEQUE		Contre	1 1/6	Arcela	~ 3	- 6/40	
1		Conditions, if ony, gove rise to imm		(b)_(	fylou		1000	00			900)	
		couse (0), stotin underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	- Se	al F	aller	5	-4day	
ı	N	PART 2 OTHER SIGN	11/	CONDITIONS CO	ONTRIBUTING SOL	DEATH BUT	NOT RELATED TOTTHE TE	PANNAL DISEASE	OR CONDITION C	SIVEN IN PART 1	10	
	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FIND!		
4	RTIF				0			YES 🗌		YES	NO 🗆	
)		OR CONTRIBUTING			M. MONTH DA	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NAT	TURE OF INJURY IN ITEM I	B PART I OR PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDIC	CALEXAMINE	R) P.		19						
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1	12	AT WORK AT WOR	₹K			- 0	1	N 7	0 11	00		
1		22s I certify that (I) saw the decease	d alive or	1729	18 193	3()	nd that in (my) (our) opining	on death occurred	d on the date and h	iour and from the	that (I) (we) lost	
ı		226 SIGNATURE	hid) Hhidrift	On O	ofter death.	X	DEGREE			22c DATE	E SIGNED	
			L	1000	V		ATTENDING	MEDICAL	STAFF	5.	29-81)	
1		224 PHYSICIAN'S NX	ME (TYPE	Refinity	111111	211/	22e ADDRESS	1	- 1	10	1	
		DUANN	12	SA	MARIK	SPU	5632	Mny	rapou	n Ki	Vaustus	
1		URIAL, CREMATION,	REMOVAL	236. DATE	23€ 1	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCA	TION	COUNTY	SIKING	
		Burial		06/01		rt Lir	ncoln Cemete	ry Bre	ntwood	P.G.	Maryland	
1	24	'ቼጠርያቼሚቆso '39 Baltimo	ch's !	Sons Fu	neral Hon	ne, P.	.A. 250 D	ATE RECO BY RE	EGISTRAR 76. REG	COLORS SIGNA	URE	
	47	39 Baltimo	re A	venue H	yattsville	, Md	. 20781	JUN - 1	201 9			

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

FOR

(VRA 15, 4)

TO FUNERAL DIRECTOR:

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IMPORTANT: If Hem 21 is

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100102		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNO	WN X MONTH	DAY YEA	AR 26 HOUR
33 % % % ⊢`	(14)	PE'OR PRINT)	Dori		Jeanne		Miller	OF EST	ED 1 5	/27 19 8	87
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1世级	2/)	TY OR TOWN	OF DEATH		SPITAL, NURSING HO		HER INSTITUTION	administrati			
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D. 21201 E. AND 3. RETA SHOULD	30 S	TATE	13b. COL	INTY	13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
2.2 = 2.2 3.2 = A A A		ATHER'S NAME	Princ	e George	s Lanham		YES NO L		h Avenu	207	06
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A SA SA SA	160.	John WAS DECEASED	EVER IN U.S. A	RMED FORCES?	Hall	JRITY NO.	17. INFORMANT	<u>e</u>	DRESS	Handle	ey
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T., BAL.	F	18 CAUSE OF	F DEATH (Enter (	only one cause per line	e for (a), (b), and (c).)						MATE INTERVAL
S SERSE			ATH WAS CALLS	ED BY	cute myoca		disease.			BETWEEN OF	INSET AND DEATH
O 45055		V1 84	INVICED		R AS A CONSEQUEN						
WITHIN WITHIN NCIL IN INNER A IRANSIT ATAL HY			is, if any, while e to immedia								
TW.		cause (a) lying caus	stating the unde	DUE TO, OF	R AS A CONSEQUEN	CE OF	7 344 1	121	1231		
D: 1872				(c)							
0 254044	z	PART 2 OTHER SIG			BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONGITION GIVEN IN PA	RT 1 (a).			
W 45 0 W	CERTIFICATION	19a, DATE OF		IN COND	ITION FOR WHICH O	PERATION V	VAS PEREORMED?			20 AUTOP	acva
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ニラミショウ	2	AT WORK	NOT WHILE AT WORK		TONT, TANM, ETC.)		STALL	CHIORIOWN		DUNIT	SIAIE
ME, THE VATE, VATE		220   certif	y that I toak cho	irge of the remains de	scribed abave, held o	n Autar	osy , Inspectio	in . Inquiry	and in my c	pinion	
#OKOES		death resulte		tural causes .	Accident	Suicide	, Homicide .	Undetermined manner			
EXAMINATE OF BE DIRECT WITH WARYL		ACTUAL	1	00	11-		TITLE (SPECIFY)				
CAL EXA THE CER SHOULD ERAL DIR YATH, WI	_	ACTUAL SIGNATURE_	1	2	1 cope	4	AD Deputy	MEDICAL EXAMINER	DATE SIGN	JED 5/2	7/87
MEDIC CUTE SE 4 S FUNE FUNE	A	EXAMINER 8	NAME	Tahu C Da	- M		1919	Seminary Ros	id	on Count	An MD
TO MEDICAL E. EXECUTE THE C. PAGE A SHOULD TO FUNERAL D. AFTER DEATH, BALTIMORE, M.	220 8	TYPE OR PRIN	ION, REMOVAL	John S. Ro		CEMETERY	ADDRESS SILVE	r Spring, Me	) H to Kone on	y count	cy, RD
	230.6	Burial	, KEMOVAL	June 1,19	87 Md. Ve	terans	Cemetery	CITY OR TOWN	0	UNTY	STATE
07/84 BP		UNERAL DIREC	TOR						REGISTRAR'S		
DHMH - 17 (VR A15 ME (5))		Donald	ison Fun	eral Home,	Laurel, 1	Md	ARIN	01 1987 4	chia Davids	on Randa	ML.

5, 27 Miller. Jeanne Doris 01:3 remale white leb. 12, 1924 63 Frince George's Jounty 6403 - 94th Avenue madna 5405 - 94th avenue rrince secree's Lanham Leryland Acute my cardial disease. ivere Mone 5/27/07 Deputy 1919 Seminary Acad bilver Scring, Montgomery County, Mu John S. Rogers, M.D.

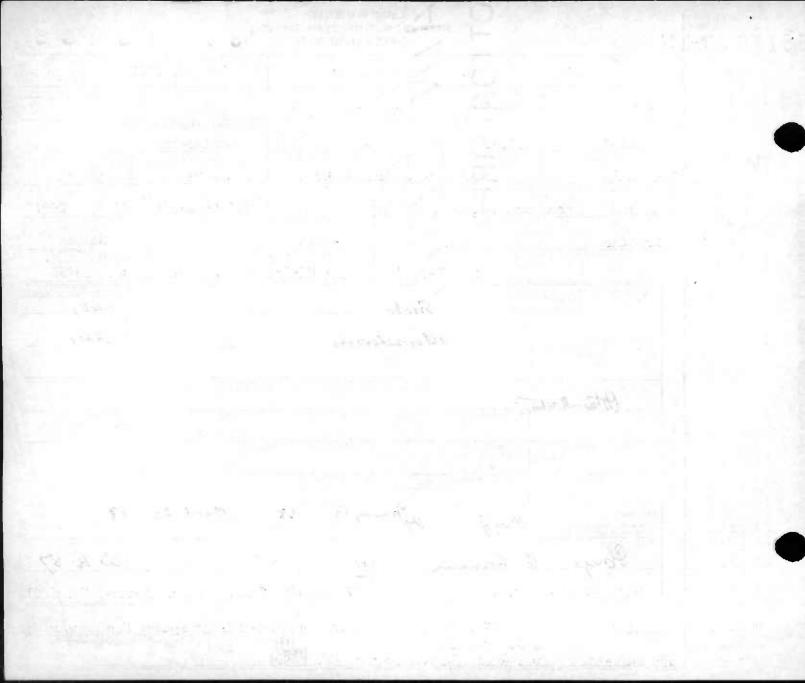
STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	01	REGISTRAR				CERTIF	CATE OF DEATH	8	REG. NO.	1 3	4 0 5
y be ge 3 deoth		CEASED NAME OR PRINT)	Mary		A.		liller	20 DATE OF	ay 24,		26 HOUR 5:50 C
ge 4 may	3 SE	x emale		1. RACE Caucasi	an	5. DATE O	F BIRTH  18 1899	6 AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YE	
Po di		RTHPLACE (STATEOUNTRY)	E OR FOREIGN	U.S.A.	WHAT COUNTRY	8. MARRIED WIDOWE	NEVER MARRIED		recity <u>or</u> co	UNTY OF DEATH	
16.90		ckville	DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREE	NG HOME O	sing Home	120 USUAL C	OCCUPATION FOR MOST OF WORL Maker	126 KINI KING LIFE) INDUST	of Business of Maker
(3)	13a S	AL RESIDENCE (# STATE LYLAND	13b COU	OTHER INSTITUTION	136. CITY OR TOV Silver	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS/ZIP Colesvi	CODE Rd.	2091
T KE		Maurice		MIDDLE	Dee		15. MOTHER'S MAIDEN N. Annie	AME	WIDDLE		alway
be execu-		VAS DECEASED E YES, NO OR UNKNOW! NO		MED FORCES? VE WAR OR DATES)	166. SOCIAL SEC 213-56-1		17. INFORMANT SO Robert Mille			05 Glenm le, Md.	
a physicio on paperi emaval.		18 CAUSE OF D PART I. DEAT	H WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	line for (a), (b), a	redio				BETWE	EN ONSET AND DEA
the death the attendi remation, a		Conditions, if gove rise to couse (0),	immediate toting the	(b)	R AS A CONSEQUE	enoulo	insis			2	eary.
ed by please priol, c		underlying c		(c)	ONITRIBUTING TO	DEATH BUT	NOT BELATED TO THE TER	MINI AL DISEASE	OR CONDITIO	AL COVERY DE DAOS	
he low requires that and has been signed by permit. Then please ene prior to burial, a	TIFICATION		SIGNIFICANT	4.			NOT RELATED TO THE TER/	20a AUTO	PSY? 20b	N GIVEN IN PART	DINGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TOECEASED NAME TYPE OR PRINT ESTI-DEATH MATED May 29,19 87 Eugene Tullis Mitchell 24 HOUF 3. SEX IF UNDER 24 HRS DATE Feb. 8, 1922 PRONOUNCED Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Texas U.S.A. Prince George's County DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 9014 Magnolia Avenue Self Employed Produce Man anham SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Lanham 39014 Magnolia Avenue 20706 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Richard Glen Warden Mitchell Mary 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Korean Yes-Air Force 463-18-1211 Rosemary Mitchell (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OF AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK COUNT 220. I certify that I taak charge of the remain ribed above, held an Autopsy Inspection death resulted from: Natural causes Undetermined manner FUNERAL E ADDRESS 5009 Rayburn Court Temple Hills, Md. Augusto P. Rodriguez, M.D. 0 230 BURIAL CREMATION REMOVAL 236, DATE 23d. LOCATION 06/01/87 Burial Fort Lincoln Cemetery Brentwood Francis Gasch's Sons Funeral Home, P.A. (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND I		IENE 8 / REG. NO	15	2 0	1
	ECEASED NAME FIRST	MIDDLE	L	AST		20 DATE OF DEATH MON	ITH DAY (	YEAR 26 H	OUR O
{TYP	TDA	Agnes	M	OHR		05-20-87		8:	501h
3.58	IX _	4 RACE	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDA			IDER 24 HRS
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21	M.D.	U.S.A	MARRIE		VORCED [	Prince Georg			MD.
No.	IT OF TOWN OF DEATH	11. NAME OF HOSPITAL, NE		OR OTHER INST	ITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDL		INESS OR
12	Laurel	Greater Lau	rel Nurs	ing Hor	ne	H	omemaker	r	
	AL RESIDENCE (IF NURSING HOME OF STATE 1) by COL	INTY 130 SITY OR		13d INSIDE C	NO [	3511 FOST		2	1274
の四年	ATHER'S NAME			15 MOTHER'S	MAIDEN NAM				
1	Charles	MIDDLE	NE	El	izabeth		3	DWA	RDS
160	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMA	NT	ADDRESS	638 E I		
1	( IF YES. G	IVE WAR OR DATES) 214-	20-2471	Mr. Ra	vmond I	F. Goldschmid			21085
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	sow the deceased alive a above, (1) (we) (did) (did n	oital) attended the deceased for the state of the state of the body after death.	19 <u>87</u> . or		(our) opinion o	, to death ochrred on the date of		om the couses	
,	22b. SIGNATURE	-All				MEDICAL STAFF DIRECTOR   PHYSICIAN		5/2G/	1.87
	22d. PHYSICIAN'S NAME (TYPE			22e ADDRES 8317		ey CA. LAUI	eer m	0 2070	07
	BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	COUNT	Y	STATE
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DHMH - 16 60M 7/B4

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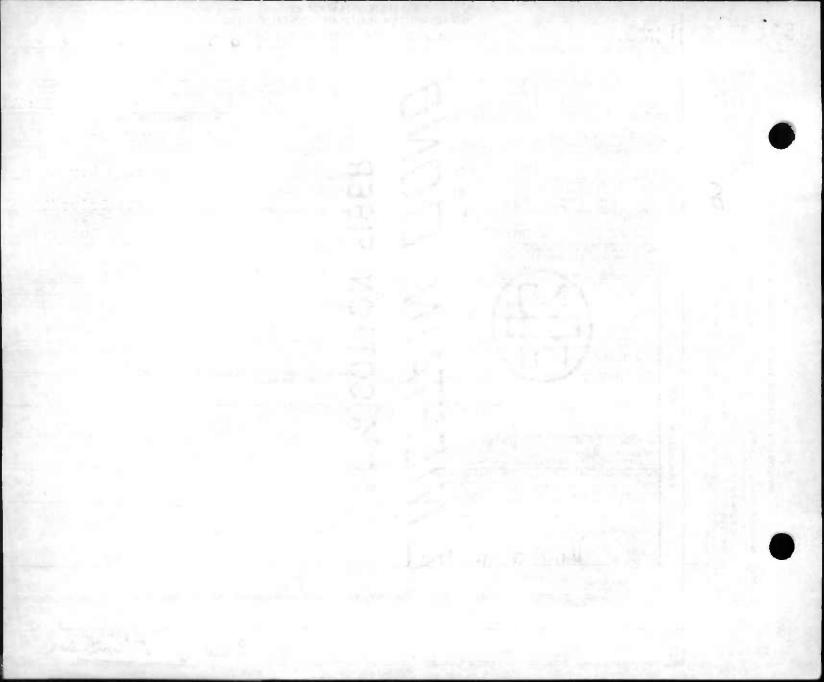
24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland MAY 2 1 1987 Julia Dander Comment

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DIVIS  DEFINITION  CATE, WRITIN  CATE, WRITIN  COR, PAGE 3  HE STATE DEP	2	WHILE AT WORK	NOT WHILE K	how	DRY, FARM, ETC.)	105	00 blk Ced	arville Rd. E	Brandywine,	Md. STATE
RE THATE, VITE, VI				af the remains desc					and in my apinian	
E EXAMINER: E CERTIFICATE DUID 8E FOR H, WITH THE MARKAND	16	death results			Accident X	Suicide	. Hamicide .	Undetermined manner	],	
EXAMILE SE DIRECT WITH WARM		A CTUAL	Mr.	A.	1/1 /1		TITLE (SPECIFY)			
A THE	100	ACTUAL SIGNATURE	July	te Un	Jall	M	Assistan	MEDICAL EXAMINER	DA 5-5-87	
AEDI PUNE WAS	2	EXAMINER'S								
DI TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICAE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE	73=	TYPE OR PRIN	ION, REMOVAL 23	Margarita Margarita		11, M.D.		1 Penn Street		
07/84 BP		Burial		5-8-87		ty Men		Valdorf	Charles	STATE Md.
25M DHMH - 17	24	FUNERAL DIREC		ADDRE			25a. DATE	REC'D BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE	110.
(VR A15 ME (5)	) H	unt F	uneral H	lome W	aldorf,		20601 MAY	8 1987 Julia	Dindern Rud	nel.



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# STATE OF MARYLAND

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1	REG. NO.	-	dow		

1 - 1 R7	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	8 7 REG.	NO.	2 1	U		
	CEASED NAME OR PRINT)	MARC	GUERITE	ELLEN	N	ELSON	MAY 19		1987	26 HOUR 2:44AN		
3 SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS			
	emale		Caucas	ian	04-	24-1928 YEAR	59	YRS				
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10 CI	ty or town of dea Lanham	ATH	Doctor	AE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN THE STREET ADDRESS)			STITUTION 120 USUAL OCCUPATION			126 KIND OF BUSINESS C		
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	THER'S NAME FIRST	,	MIDDLE	Donaldso	n	Maude Mauden NA	Irene		Cla	ark		
	VAS DECEASED EVER VES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 578-34-4		Karen Sparke		RESS I <b>s Lin</b>		OXIMATE INTERVAL N ONSET AND DEAT		
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ME	WHILE NOT WHAT WORK AT WORK	SILE [	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE		
	220.1 certify that (1) sow the decease above, (1) (we) (c	ed alive an.	5-	10 198	1	nd that in (my) (our) apinion of	deoth occurred on the	dote and h		e couses stated		
	226 PHYSICIAN'S NA	AME (TYPE OF	PRINTL	zus un		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS		5-	19-87		
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- (	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
2 F 1			'S SONS	FUNERA	AL HC	Memorial Par DME, P.A 250 DAT	Falls C		1, Virgii			
47	39 Baltimo	re Av	e., Hya	attsville,	Mary	land	MEN CO ISO	4		1		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician o should be detached for use as the buriol-tronsit permit. Then please remove corban papers. Pawith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

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2501 GUYNNS FALLS PKWY, BALTO, MO, 2121L

MIDDLE

- SJATE

LIYPE OR PRIN

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SAINT REST CEMETER

REG. NO

MONTH

26. HOUR

126 KING OF BUSINESS OR

DAILEV DISTRIBUTORS

RO. JESSUP, MO.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

NILLIAMS

IF UNDER 21 HRS

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

27c DATE SIGNED

YES T

M

20 DATE OF DEATH

CAR CARROLS (1997) tes sur transfer and programme and the survey of the 11 20 867 Significantino.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	es I	200		-
3	/	5	2	2
	REG. NO.	- 3		 -

1.07	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 7	0.	5 2	12
	ECEASED NAME FIRST	MIDE	DLE	L	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
1	Isabe	lle Gi	retchen	N	orrington	May 21, 1	987		1:58 M
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Whi	ite	Augus	st 21, 1922	64	YRS. "	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	Maryland	United S	tates	WIDOWE		Prince Geo	orge's	County	7 MD
10. C	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b, KIND O	F BUSINESS OR
C	apitol Heights		a Avenue			Bookkeepe			parts
	JAL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION GIV	E RESIDENCE BEFORE A	DMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
		e George's C			YES X NO	415 Nova A			743
M.E.	ATHER'S NAME			grico	15 MOTHER'S MAIDEN NAM	ΛE			
)	Walter	Alvin	Stomm	101	Isabelle	Lucy		LAS:	anning
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURI		17. INFORMANT	ADDRE	SS	1.0	amiting
	IYES, NO OR UNKNOWN)   IIF YES, G	NE WAR OR DATES)	79-18-84	75	Lionel G. Nor	rington,	Same a	s 13	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				10000		_1_		MATE INTERVAL
		ED BY:	ardio	rest	piratory	arre	12	1 m	
	WWW.		S A CONSEQUEN	ICE OF	J				
	Conditions, if ony, which	( 1b)	-ung	C	ancer				year
	gave rise to immediate cause IoI, stating the	DUE TO OR A	S A CONSEQUEN	ICE OF					0
	underlying cause last.	( Ic)	S A CONSEQUEN	NCE OF					
	PART 2 OTHER SIGNIFICANT		TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVE	EN IN PART 1 c	
NO									
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES	WERE FINDIN	IGS USED
TIFIC						YES NOW		YING CAUSES	NO [
CER		21b. TIME OF I		11.51	21c HOW INJURY OCCURR		RY IN ITEM 18 PA	ART I OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF D	All	MONTH DAY	YEAR 19					
MEDIC	21d INJURY OCCURRED	21e. PLACE OF			211 LOCATION				
X	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	. FACTORY, OFFICE, FAR	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this has	oital) attended the d	leceased from	7/2	3 1986	to May	21.	19_87	that (I) (we) fast
	saw the deceased alive a above, (1) (we) (did) (did n	9/43/8	7 10 8	7 . on	d that in (my) (our) opinion d	leath accurred on the de			
	22b. SIGNATURE	at view the body off	er deoth.	1	DEGREE			22c DATE	SIGNED
	(dron A	umae	les	n	ATTENDING PHYSICIAN IN	MEDICAL STAI	FF TANI	Mary	22, 1987
		OR PRINT)			22. ADDRESS				
	22d. PHYSICIAN'S NAME (TYPE				1	06 Irving S	treet	. NW. #	/1 /
		ack M D			7.7				421
730	Aron Prim	ack, M. D.		AME OF C		ashington,		20010	421
	Aron Prim BURIAL, CREMATION, REMOVA	L 236. DATE	23c NA		EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN	DC	20010 COUNTY	STATE
	Aron Prim BURIAL, CREMATION, REMOVA  SPECIEV    Cremation	L 236. DATE	23; NA 1987 Met		EMETERY OR CREMATORY  litan Cremator	23d LOCATION CHYOR TOWN	DC :	20010 COUNTY Virgin	STATE i a

20010

DC

DHMH - 16 60M 7/B (VRA 15, 4)

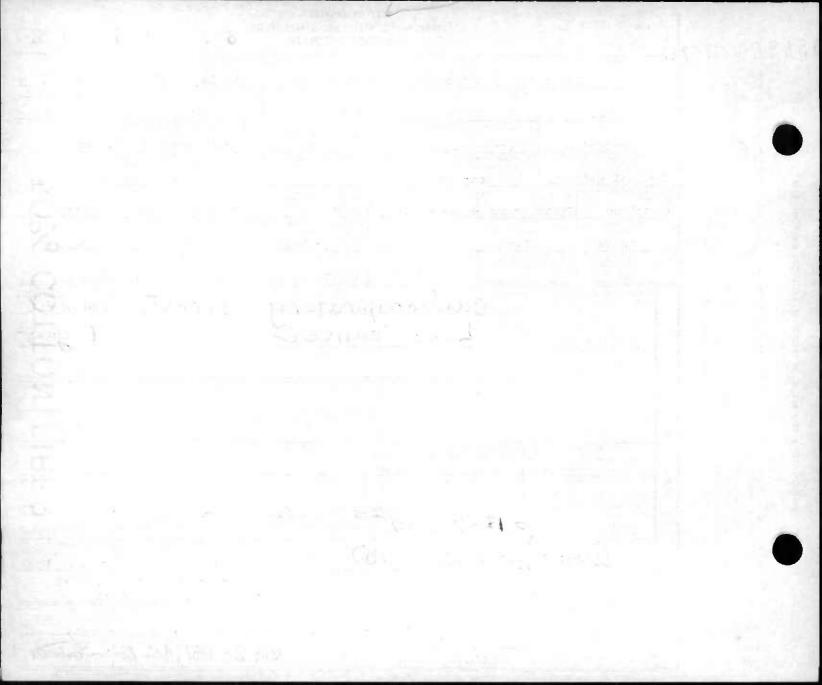
P. O. Box 43352,

Washington,

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon population with the State Dept. of Health and Mental Hygene prior to burial, cremotion, or removal IMPORTANT: If Hem 21 is morked or Hem 18 shares any injury, or other troumatic event, In

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.



						STAT	E OF MARYLAND					
9 4 JUN	15	FOR STATE REGISTRAR			DEPAR		FICATE OF DEATH	BIENE 7	REG. NO.	5	2	1 3
e #		OR PRINT)	FIR51	SI FO	MIDDLE		LAST	20. DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
page 3	2.05		llie	Jas 4 RACE	sper	O. DATE O	DOM	May	28,1987	T 15 10.17	DER I YEAR	1:00 AM
ctar. p	3 SE Ma	ile		Caucasi		Octo	5ber 19, 1910				5 DAYS	HOURS MIN.
1170		RTHPLACE (STATE ORFICOUNTRY) Orth Carolia		U.S.A	WHAT COUNTRY	MARRIE WIDOW!	D NEVER MARRIED DIVORCED	9 BALTIMO	Prince			MD.
1183		ty or town of DEA Lanham		Doctors	HOSPITAL, NURS HEACHITY, GIVE STREET HOSPIT	ING HOME ( et address) : al of	Pr. Geo. Co.	(TYPE OF WORK FOR MOST OF WORKING LIFE) HNE				essen
35	130 S	-	ISING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF				134 INSIDE CITY LIMITS?				2078	34
14		THER'S NAME George		MIDDLE	Odu		Willie		WIDDIE		Bai	
		VAS DECEASED EVER (ES, NO OR UNKNOWN) ES-Navy	W.S. AR	WAS OR DATES)	166 SOCIAL SEC 240-12-		17 INFORMANT (Wife Martha May L		ille,	enue Md. 207		
ng physicu conpaper remaval.		PART I. DEATH W.	AS CAUSEI	y ane cause per O BY: E CAUSE (a)	Card	0	Arrest				APPROXI BETWEEN C	MATE INTERVAL
ation, ar traumatic		Conditions, if any, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  Cerebrovascular Accordent  (b)  Cerebrovascular Accordent									48	hrs
d by the lease ren ial, crem or other t		cause (a), stating underlying cause		DUE TO, OR AS A CONSECTOSNICE OF						48 hrs		
Then por tabur	NOL	PART 2. OTHER SIGN					NOT RELATED TO THE TERM					
thas be in permit iene pris	CERTIFICATION	198 DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES X			CAUSES	OF DEATH?
od-trans of the Hyg		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE A	117		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTERNAT	TURE OF INJURY IN ITEM 1	IS PART I C	DR PART 2)	
s the burners of the cond we	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	LE C	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TOWN	c	OUNTY	STATE
tor use of the off Health		220.1 certify that (*) saw the decease abave, (1) (w) (d	d olive on.	5/2	7 19	C	nd that in (my) (aur) apinian	death accurre	5/28 d on the date and h	_, 19_4	Irom the	hat (we) last
ERAL DIREC e detached State Dept ANT: If Item		27b. SIGNATURE—	al l	Beard,	w		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	2	S/	18/87
should be deta with the State		BERI		MIC.		1.	7100 BALTIM		IE 401	Cou	EGEN	PARK, MID
- 3 > 5		SURIAL, CREMATION, I		236 DATE 05/30/			EMETERY OR CREMATORY  Iitan Cremator		ORTOWN	cou		irginia

Julia Dander Con

DHMH - 16 60M 7/B4

(VRA 15, 4)

Francis Casch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

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055	755 J	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 REG. NO	1 5	in the second	4-4
4 may be	the page 3		CEASED NAME	oris	RACE	MIDDLE	977 5. DATE O MONTH		A AGE OVYEAS LASTER	MONT DAY	YEAR  HDER 1 YEAR  HS DAYS	2b. HOUR
ofter death. Page	he function	19 C	HPLACE (LESTE DR.) RYLAND RYLAND RY OR TOWN OF DEA		U.S.		MARRIE WIDOWE NG HOME C	DI NEVER MARRIED DE DIXXX DIVORCED DE OTHER INSTITUTION  NURSING HOME	P.G.  120 USUAL OCCUPATION (TYPE OF WARVESTERNOSS OF HOUSE WIT)	COUNTY		MD.
effice 24 hours	The state of the s	130. S MA	AL RESIDENCE (# NURS STATE RYLAND WHER'S NAME FIRST	A.A.	Y DDLE	13c CHURCH		13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA/	13e.SIPEET ADDRESS 2 5024 Shad		140	20733
be executed a	on a sorter		EZEKET I VAS DECEASED EVER VES. NO ORUNKNOWN)		THOM ED FORCES?	PSON 166 SOCIAL SEC 213-30-		ALVERTA IT INFORMANT CHUI ELAINE MATTHE	chton, Magre		Road	MATE INTERVAL INSET AND DEATH
that the death certified	ed by the attending physic please remove carbon pape rial, cremation, ar remaval or ather traumatic event, if		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O	AS A CONSEQU	JENCE OF	Jus Colon selenation	Heart	Pase	20	
he law requires	nas been sign ne priar ta bu ws any injury	CERTIFICATION	190 DATE OF OPERAT	- 0	77.	C-15	1	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WI IN CERTIFYING YES	ERE FINDIN	GS USED
IG PHYSICIAN: 1	ter this certificate is the burial-transit ond Mental Hygie	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER MOTIFY MEDIC 210. INJURY OCCURR WHILE NOT WHAT WORK AT WORK AT WORK AT WORK	AUSE OF DEATH ALEXAMINER)	P. 21e PLACE	m. month [ m.	DAY YEAR 19 FARM, ETC.)	211 LOCATION STREET	ED (ENIER NATURE OF INJUR		ORPART 2)	STATE
L OR ATTENDIN	L DIRECTOR: After one of the Dept. of Health: If them 21 is mo.		220.1 certify that (I) saw the decease abave, (I) (we) (c 22b. SIGNATURE	d alive on	5/3	6 19	0 /	nd that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	0 1	
TO HOSPITA	TO FUNERA should be de with the Stat		22d PHYSICIAN'S NA	ME (TYPE OR P	Mos	TAM	~	226 ADDRESS +235 24	(Ggw	nd	20-	748

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURTAL

23b. DATE 6-4-1987

23c NAME OF CEMETERY OR CREMATORY

LAKEMONU CEMETERY

23d. LOCATION
CITY OR TOWN
Davidsonville

Maryland

WILLIAM REESE & SONS MORTUARY, P.A.

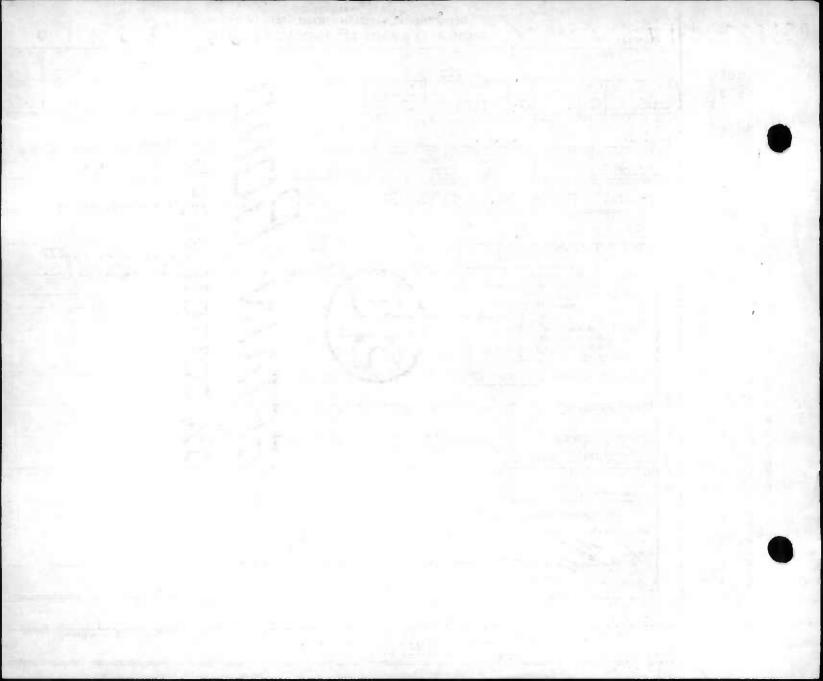
Horason Colores species 

			FOR	WA =	D	EPA PT			ARYLAND AND MENTAL	HYGIEN	E					
536	26 1117	11-	STATE REGISTRAR		MED				ERTIFICATE (	- 200	2014	REG.	5	2	1	3
		1 DE	EASED NAME	FIRST		WIDDLE			LAST		2a. DATE	KNOWN		H DAY	YEAR	ZI HOUR
	₩ % % % E	TYP	OR PRINT)	Chuka				0	nurah		OF	ESTI- MATED	<u> </u>	10	187	
	PE FILE A	3 SEX		E 5	DATE OF BIRTH		6 AGE IN YEA	RS IF UN	IDER 1 YR. IF UNDE	R 24 HRS.	2c. DATE		MONTH		YEAR	24 HOUF
	SY, P	Ма	le Nia	erian2	2-26-19	54	33 YR		15 DAYS HOURS	MIN.	PRONOU!		5	10	1987	B: 202
	SSA SA	a 81	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WH		ITRY?	8 MARRI	ED X NEVER MARI	RIED []	9 BALTIA	AORE CITY	OR COU	NTY OF		
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. HE SER ROUR FILES. HE WHEN TO HOURS HE SERIOR STREET,		igeria	Nj	igeria			WIDOW			Pri	ince C	eora	e's (	Count	ZV MD
N	AY IS I	III, CT	Y OR TOWN OF DEA	ATH II	NAME OF HOSE	ILITY GIVES	RSING HOME	OR OTH	ER INSTITUTION	EOR A	JAL OCCU	PATION (1	YPE OF WORK	126 KII	ND OF BU	SINESS
1	308 m.s		Cheverly					eral	Hospital	Auc	dito	r			2 40	
115		130. S	L RESIDENCE (IF IN NO		THER INSTITUTION, GIV	E RESIDENCE			13d. INSIDE CITY LIMITS?	Ha STA	EET ADDR	ESS+ NA	oode	CBO	0.7	55
2120	A AND AND STAND ST	Ма	ryland	Ann A:	rundel	Lau	rel,Mo	1.	YES X NO	258	rel	Mary	Tane	JARO.	au	
8	WAS STATE	7 FA	THER'S NAME	M	NOOLE		LAST		15. MOTHER'S MAID	ENNAME	,	MIDDLE			LAST	
S S	3823	16a V	AS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOC	CIAL SECURITY	NO.	H THE ORMANT A	0000	d0 0	: ADDRES	22	Mar	vlan	id
BALTIMORE	DURS AFTER DE 18. GIVE PAGE WITH FORM IIT. PAGES TWI	1	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	577	-06-16	60	学」でで134T A 6128 Su	rrey	Squ	iste are,	Forr	est	vill	e.
:	HOURS. M 18. G NG WITI RMIT. P.		IB CAUSE OF DEAT	TH (Enter only o	ne couse per line	4								A	PPROXIMATE	
N SI	24 HOU ITEM 18 LONG V PERMIT GIENE, I		PART I DEATH W	AS CAUSED BY	1011 1 1 1 1	le i	njuries	3	and the same of					1007	WEN ON SE	AND DEATH
STO	A A LO		8130		DUE TO, OR	AS A CON	NSEQUENCE C	)F		-						
8K	WITHIN 24 PENCIL IN ITEMINER ALON-TRANSIT PER ENTAL HYGIEL OR REMOVA		Conditions, if a		(b)								1			
×	UTED WITHIN IN PENCIL IN EXAMINER. RIAL - TRANS IN MENTAL HON, OR REM		couse (a) stating lying couse last.		DUE TO, OR	AS A CON	NSEQUENCE C	F								
5, 20	XECUTED WITHIN 24 HOL 14G" IN PENCIL IN ITEM 11 24L EXAMINER ALONG BURIAL - TRIBLER AND MENTAL HYGIENE ATION, OR REMOVAL.				(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	P B B B B B B B B B B B B B B B B B B B	Z	PARI 2 OTHER SIGNIFICAN	T CONDITIONS CONT	TRIBUTING 10 DEATH B	UT NOT RELA	ATEO 10 THE TERMI	NAL OISEASI	OR CONDITION GIVEN IN P	ART I (a)						
REC	WEAL CREATE	MEDICAL CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFORMED?					20 /	AUTOPSY?	>
TAL	HER USE	IFIC													YES X	NO 🗆
- L	THE WORD OF THE CHIE COULD BE USE RIMENT OF SR TO BURION	ERT	210 EXTERNAL CAU		216 TIME OF			21c H0	OW INJURY OCCURR	ED (ENTERN	NATURE OF IN	DURY IN ITEM I	8 PART 1 OR I		100 /63	110
NO.	SRIM OUT THE	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA			10 19 87	7 [	river in	auto/	fixed	obje	ct i	mpac	t	
VISIO	ERTING ED T 3 SH PRIC	ě	214 INJURY OCCUR	RED	21e PLACE O	FINJURY	(AT HOME,	211 LO	CATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY OR TO			OUNTY		STATE
ā	ARE CARE	ž	AT WORK AT W	WHILE T	roa		(C.)		to.Wash P	kwy	Laur	-		.G.		MD
	R: TH.		22a I certify that	I taak charge o'	f the remains desc		ave, held an	Autop	-000		Inquiry		and in my	oninion		
	ANN STATE		death resulted from			Accident	(44)	cide 🔲	Homicide .		ermined m		,			
	XAA EERT ICO E			Was	- A	01/	. 11		TITLE (SPECIFY)							
	ALE NATE OF THE STATE OF THE ST	0	ACTUAL SIGNATURE	MUM	no 1	er	ne	M	D Assista	nt_MED	ICAL EXA	MINER	DATE	VED 5	/10/87	7
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE CERTIFICATE, WRITING THE WORD "PENDING" IN P PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL SHER DEATH, WITH STATE DEPARTMENT OF HEALTH AND ME BALTHWORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION,		EXAMINER'S NAME	Marga	rita A.	Kore	11. M r	)	ADDRESS 111	Penn	St	_	Balto	MD		
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a Bl	(TYPE OR PRINT)						R CREMATORY	123d. LO	CATION					
07/84	BP	15	rial .		22-1987	1	amily			Wa	shin	gton	Enű	ğů,	Vige	T'ia
25M	DHMH - 17		INERAL DIRECTOR			mer				REC'D. BY	REGISTRA	AR 256 REC	GISTRAR'S	SIGNAT	URE	
	(VR A15 ME (5))	7/	17 - 1/1+h	street	ONESS	l = - b			M	AY 1	5 198	7 du	Lin of	Alba.	12.	
		7.4		211 BOL	- P4 - W M	asn.	1 mator	10.								-

MAY I 5 Will free finders

z mastech Militari

	ECEASED NAM	AE FIF	RST		WIDDLE		-11 5 0	ERTIFICATE		20 DATE KNOW	WN MON	TH DAY YEAR	Pb HC
	PE OR PRINT)		ina	Ma	arie		Of	ttey		OF EST DEATH MAT	ED 🗆 5	20 1987	1
Fe	x male	Cau.	MON	TE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA 27 YR	MONTH		R 24 HRS.	PRONOUNCED DEAD	MONT		2d HC
F	SIRTHPLACE OREIGN COUNTRY	STATE OR	76 C	S.A.			0	ED NEVER MAR	RIED XX			JNTY OF DEATH	U
10 (	Riverda		11. N	AME OF HOS	CILITY, GIVE S		, OR OTHE	ER INSTITUTION	12a USL	Prince PAL OCCUPATIO AOST OF WORKING LI NCER	N TYPE OF WOR	RK 126 KIND OF BUS OR INDUSTR Lounge	SINESS
WSL		E (IF IN NURSING		R INSTITUTION, GI	VE RESIDENCE		ON)	13d. INSIDE CITY LIMITS?	13e STRI	et address 1 Oliver	r Stree	et, 20782	
	ATHER'S NAM	NE .	E.	DLE	0	ttey		15. MOTHER'S MAII  Joan				Miller	
16s.	YES, NO, OR UNKN	ED EVER IN U.	S. ARMED FO S. GIVE WAR OR		0500	-78-81						d#B 2087; burg, Md.	
	18 CAUSE	OF DEATH (En	AUSED BY:	n.			e Dia		1			APPROXIMATE BETWEEN ONSET	INTERVA
	gave	Canditions, if any, which gove rise to immediate cause (a) stating the under-											
1	lying co	Lying couse lost.  (c)  Compared to the reminal disease or conditions given in part 1 to											
		SIGNIFICANT COND	ITIONS CONTRIB	(c)BUTING 10 DEATH	BUT NOT RELA	ATED TO THE TERM	INAL DISEASE	DR CONDITION GIVEN IN	PART 1 to .			1	
ATION	PART 2 DTHER	SIGNIFICANT COND						DR CONDITION GIVEN IN	PART 1 to .			20 AUTOPSY?	
ERTIFICATION	PART 2 DIHER	F OPERATION		196. CONDIT	TION FOR		ation w	AS PERFORMED?		MATERS OF BUILDY IN	LITEM 18 PART 1 CO	YES 🔀	NO (
ICAL CERTIFICATION	PART 2 DIHER  190. DATE C  210. EXTERN  UNDERLYIN  CONTRIBUT	OF OPERATION  IAL CAUSE WAR  IG OR T  ING CAUSE  CAUSE WAR  ING CAUSE	AS imary	196. CONDII 216. TIME OF HOUR A.M	INJURY MONTH	DAY YEAR	21c HO	AS PERFORMED?  OW INJURY OCCURI	RED (ENIER)			YES 🔀	
MEDICAL CERTIFICATION	PART 2 DIHER  190. DATE C  21a EXTERN  UNDERLYIN  CONTRIBUT  21d INJURY	OF OPERATION  IAL CAUSE WAR  IG OR T  ING CAUSE  CAUSE WAR  ING CAUSE	as imary E OF DEATH	19b. CONDIT	INJURY MONTH 5 DE INJURY	DAY YEAR 20 19 87	21¢ HO	AS PERFORMED?	RED (ENTERN		pam	YES X	NO [
	PART 2 DIHER  190. DATE C  210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK  220. I cer	IAL CAUSE WING OCCURRED NOT WHILL AT WORK	AS imary E OF DEATH E  Charge of th	19b. CONDII  21b. TIME OF HOUR A.M 4 P.M 21e. PLACE C STREET, FACT home	INJURY MONTH 5 DE INJURY JORY, FARM, E	DAY YEAR 20 19 87 (ATHOME,	21c HC 7 Sub, 21f. LOC 31 391	DW INJURY OCCURING THE STATION IN ONLY INSPECT OF STATION IN ONLY INSPECT ONLY IN ONLY INSPECT ONLY IN	ethadon	e & diaze	pam	YES X	NO [
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	PART 2 DIHER  19a. DATE CI 21a EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK  22a I cer death resu ACTUAL SIGNATURE	IAL CAUSE WING SOUTH CAUSE WING CAUSE OCCURRED NOT WHILL AT WORK tify that I taak lited fram:	AS imary E OF DEATH  Charge of the	216 TIME OF HOUR A.M. 21e. PLACE C. STREET, FACT. HOME	FINJURY MONTH 5 DF INJURY JORY, FARM, E	DAY YEAR 20 19 87 (ATHOME,	216 HC 7 Sub. 21f. LOC 51 391  Autops	AS PERFORMED?  DW INJURY OCCUR  Ject used me  ATION  (REE)  1 Oliver Sti  Hamicide  TITLE (SPECIFY)  D. ASSISTAI	RED (ENTERNE thadon	e & diaze  CITY OR TOWN Hyattsvil  Inquiry , ermined manner	pam  le, P.G.  and in my	COUNTY Mary opinian	NO (
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Devider Randall

Old Alexander Ferry Rd., Clinton, MD20735

OHMH - 16 50M 4/82 (VRA 15, 4) 6633 STATE OF MARYLAND



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ST	ATE	OF	M	ARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REG. NO. 5 2	
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	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC	GIENE / REG. N	1 5	2.	8
	CEASED NAME OR PRINT)	FIRST		MIDDLE	3	wens	20 DATE OF DEATH	4 2	887	850 pm
3. SE	RTHPLACE ISTATE ORF	OBEICH	1 RACE	WHAT COUNTRY?	5. DATE C		6 AGE LIN YEARS LAST BIT	YRS.	MONTHS BATS	HOURS MIN.
Í	OUNTRY) ISSOUri		U.S.	Α.	MARRIE	DIVORCED	Prince Ge	orges		MD
Ft.	TY OR TOWN OF DEA Washingto	on	Ft. Wa	shington	Rehab	Ctr.	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	OF WORKING LIFE	17b. KIND OF INDUSTRY Own H	BUSINESS OR
13a. S	/d.	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Dal	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 12300 Guin			769
V	THER'S NAME		MIDDLE H	Owens		15. MOTHER'S MAIDEN NA FIRST Clara	Y.		Young	er
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU 489-50	-0136	Marilyn DuBr	12300°G ul Glen Da		ryland	20769 ATE INTERVAL ISET AND DEATH
TION		which nediate ig the last.	(b)		ENCE OF	NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF OPERA				OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF		SS USED OF DEATH?
	718, ACCIDENT WAS UND OR CONTRIBUTING ( ) (# EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IS P	ART ( OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	270. I certify that (I) sow the decease obave, (I) (waste 27b. SIGNATURE 27d. PHYSICIAN'S NA	ed olive on	(1) view the body	0 19 8		nd that in (my) (auc) apinion DEGREE ATTENDING PHYSICIAN (272 ADDRESS	MEDICAL STA	\FF		
23a. 8	BURIAL, CREMATION, SPECIFY  remation	REMOVAL	236. DATE 4/29/			EMETERY OR CREMATORY	23d LOCATION CITYORTOWN Washing	ton. D	COUNTY	STATE
24 FI	Remdon/Ha 9013 Ann	le La				706 2 MA			RAP'S SIGNATU	andrea

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 mil. A final disciplination of the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medical

with the State Dept. at neumanneum 18 shaws gay IMPORTANT: If them 21 is marked or them 18 shaws gay

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centificate be executed within 24 hours offer death. Page 4 may be

retained by the haspital or attending physician.

BP.

(VRA 15, 4)

Remdon/Hale Lanham Funeral home 9013 Annapolis Rd. Lanham

and the state of t

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 REG. N	10.	5	2	-	
DATE OF DEATH	MONTH	DAY	YEAR	2h HOLIR	7

0	71-	REGISTRAR					CERTIF	ICATE OF DEAT	TH	8	REG. NO	).	5	2	1	9
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	24 FI	UNERAL DIRECTROK NAME Sui	ert tlan			elm Fur yland	eral	Home	250 PATE	Y 2 0	** 1987*	Julia ,	Dend.	SNATU	RE	Ta.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked on Item 18 shows ony injury, or other troumotic event,

etoined by the hospital or attending physician.

TO HOSPITAL

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(VRA 15, 4)

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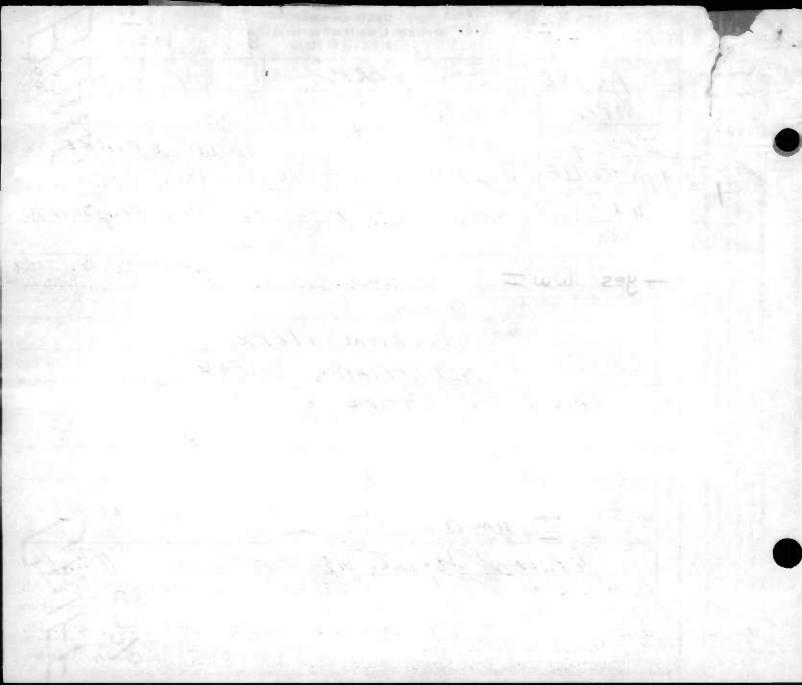
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DF VITA	physical phy		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PARE I OI	RPART 2)	
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	TO HOSPIT TO FUNER should be a with the Sit		Thomas P. Fo	garty			7676 New 1	Hampshire Av	e. Langl	ey289	rk/Md.
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	BP	74 F	UNERAL DIRECTORANCI	1 T Call	4, 170 Th	oure o	1 neaven cer		256 REGISTRAR'S		
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STATE OF MARYLAND

I.J. DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

item 16a film C627



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	B ZEG. NO.	5 2 2 1
126.11-		CEASED NAME FIRST DR PRINT)	sther V.	Parish	5/26/87	DAY YEAR 26 HOUR 7
oge 4 mo	3 SE	Female	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  1/8	6. AGE (IN YEARS LAST BIRTHDAY)  6 8 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
deoth. P	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
by the filed with	Ţ:	akoma Park	Washington A	dvent. Hosp.	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired .	#EI 126 KIND OF BUSINESS OR INDUSTRY  Reg.Nurse
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quires that the death certificate signed by the attending physical by the please remove carbon paper to burial, cremation, or remove ijury, or other froumatic event,	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	Watery tack	MINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 0 4 4 5  3 1/2 1/802
on. hos been t permit. t permit. t permit.	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
SICIAN: The ng physicior certificate huisi-tronsit gental Hygier leem 18 star		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
offending offer this of the bull who and Medor or wheel or lead or lead of the bull who are	MEDICAL	WHILE NOT WHILE AT WORK	214: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: Al of Health		tow the not good hive on	toli attended the deceased from 26 MH 19		deoth occurred on the date and ho	, 19 (we) lost us and from the couses stated
ITAL OR.		1/100 4	Juneny	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/ex
TO HOSPITAL etoined by to TO FUNERAL should be det with the Stote IMPORTANT:		THOMAS A. B.	ENSMORY 75	25 GREENWAY C	To Dr. Groom	be CIAD 2077
BP	Z30 E	URIAL, GREMATION, REMOVAL	5-29-1987 M	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN CHELTENHAN	1-P.G. Md
DHMH - 16 60M 7/84 (VRA 15, 4)	el	thur walters 2	54 Corroll St. N.W.	Wash TC 20012 IN		TRAR'S SIGNATURE

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a po	3. SE	Х		4. RACE	5.	DATE OF BIRTH		& AGE (IN YEARS LAST BIR	THDAY) IF	UNDER YEAR IF UN	DER 24 HRS
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	D	MD	PG	C	linton	YES		9106 Pin	e View	Lane	20
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18/1/	1	Joseph			Zottoli		Blanche	MIDDLE		Sanders	
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(VRA 15, 4)		5130 W	I Ave	. NW Wash	., DC 20	010	MA	Y 2 8 1987	Julia De	sides - Kand	ALL)

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1	poge 3			EASED NAME FIRST	In J	Pe	LAST PATSON DATE OF BIRTH	, Jr.	20. DATE OF DEAT	050	24 C	87 -	HOUR 9 PM
	oge 4 m		p	ALE	BLACK		4 17	52	35	YRS	MONTHS		OURS MIN.
	eoth. Pe	8	7a. BI	THPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	A	MARRIED NEVE	R MARRIED	MONTG	OME	-01	ATH	MD.
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BURIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY PARLAWN MEM. PARLAWN MEM. PARLAWN MEM. PARLAWN MEM. PARLAWN MEM. PARLAWN MEM. ST. 256 DATE 24 LERESS N. WASH. ST. 256 DATE ROCKVILLE, M.D.

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		

4	7 REGISTRAR		C	ERTIFICATE OF	DEATH	8 REG. NO	,   5	2	2 4			
	1 DECEASED NAME	-hA Honri	MIDDLE PE	RZY		2a DATE OF DEATH	5 9	PAR 7	9 AM			
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1	BOBIRTHPLACE (STATE OR FOREN COUNTRY)  Manyland	U.S.	A. w	MARRIED NEVER	IVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	10 CITY OF TOWN OF DEATH Greenbelt	Greenbe	HOSPITAL, NURSING H H FACILITY, GIVE STREET ADDI Pt NUTSING	Center	STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	BUSINESS OR I.S. Ury Dept					
		COUNTY  C. Geo.	130 CITY OR TOWN New Carrol	etonyes L	NO CONTRACTOR	13e STREET ADDRESS / 7800 Powha		et	20784			
2	WILLIAM  160 WAS DECEASED EVER IN U	MIDDLE  J.S. ARMED FORCES?	Henry 16b SOCIAL SECURITY	Ma	FIRST TY	Alice		Crawf	ord			
		YES GIVE WAR OR DATES)	217-52-640			bey Daught		e as	13			
	underlying cause la	CANT CONDITIONS CO		TRIBUTING TO DEATH BUT NOT RELATED TO THE TE			MINAL DISEASE OR CONDITION GIVEN IN PART 1.0  206 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?					
11.	CALIC	E OE DEATH HOUR A	M. MONTH DAY	YEAR 19		YES NO P	YES	PART 2)	NO []			
	CHE ELL A NOTHY MEDICAL E		PEET, FACTORY, OFFICE, FARM	ETC.) 211 LOCATI	ON	CITY OR TOV	May 9 s	DUNTY	STATE			
	27h SIGNATUJE	s haspital) as aded the live an idea not view the bard	often death	PEGREE	ATTENDING PHYSICIAN	eoth occurred on the do	F _ 2					
	James W. Ho	arding, M.1		6005 Landover Road Cheverly, Maryland 2078								
	236 BURIAL, CREMATION, REN (SPECIEY)  BUTIAL 24 FUNERAL DIRECTOR Fra	May 12	198/ 1	nac United nuch Ceme	Method tery	230 LOCATION CITY OR TOWN Potomac RECD. BY REGISTRAR	Montgome 256 REGISTRAR'S	ry Ma SIGNATUR	ryland RE			
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## TO HOSPITAL OR ATTENDING PHYSICIAN. The low

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noy be		CEASED NAME FIRST ROB		PETERSON		MONTH DAY YEAR 75 HOUR 7:50 PM M				
oge 4 mo			BLACK	5. DATE OF BIRTH MONTH DAY YEAR 12 31 40	6. AGE IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS				
oo the ooth	2	IRTHPLACE (STATE OR FOREIGN COUNTRY) irginia	16. CITIZEN OF WHAT COUNTRY?  UNITED STATES	MARRIED NEVER MARRIED WIDOWED DIVORCED		ORGES COUNTY				
s offer d	10 C	CHEVERLY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PRINCE GEORGES )	ADDRESS)	120 USUAL OCCUPATION (1) YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Disabled					
AND 2120	13a	ARYLAND PRINCE	OTHER INSTITUTION GIVE RESIDENCE BEFORE  ITY  I31. CITY OR TOWI  E GEORGE LANDOV	YES NO [	130 STREET ADDRESS /					
MARYLAND	Но	ward	Peters		WIDDLE	Greenhill				
ALTIMORE the be executed to ond or one or one or			MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 2990-65	740	8 Landove terson,Wi	r Road,Apt.A fe,Landover Md				
W. PRESTON ST., B NOTIFIED of the death certifica by the ottending physise remove corbanpal cremotion, or remove		IS CAUSE OF DEATH LENter only one couse per line for (a), (b), and ICH  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE ID  DUE TO, OR AS A CONSEQUENCE OF  gove rise to immediate couse (a), staling the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), staling the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF								
RDS, 201 INER requires the signed be Then plea	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ALRECORDS.  EXAMINITION The low requirition. The been significant. Then interpreted to the property of the pro	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
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DIV MATTENDING spitol or of CTOR: After for use os i		220.1 certify that (b) (this hospital) attended the deceosed from 121.1 (may lost saw the deceosed alive on 122.2 19.57), and that in (my) (my) (pinion death occurred on the date and have and from the causes stated opens (1) (m) (idid) (m) win) view the body after death.								
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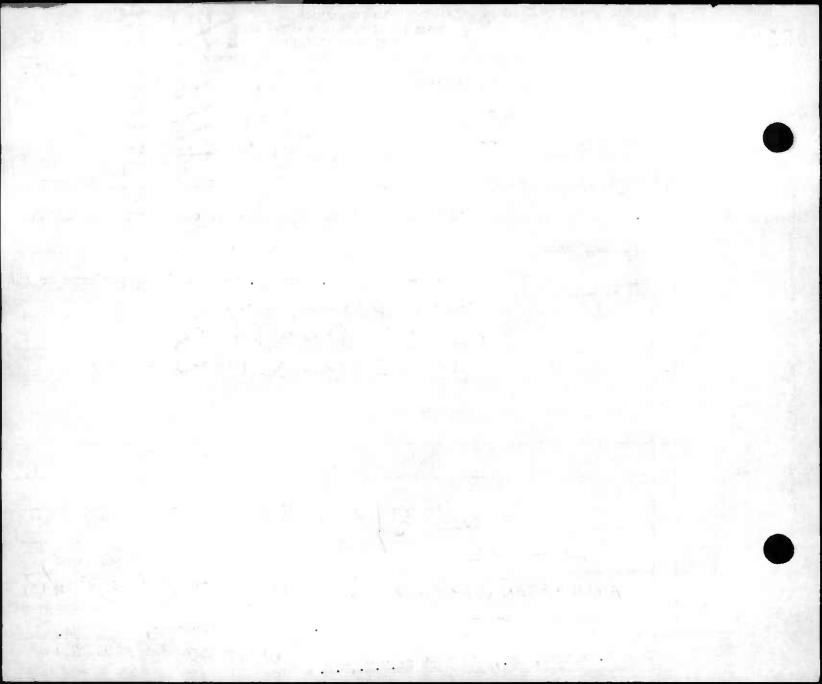
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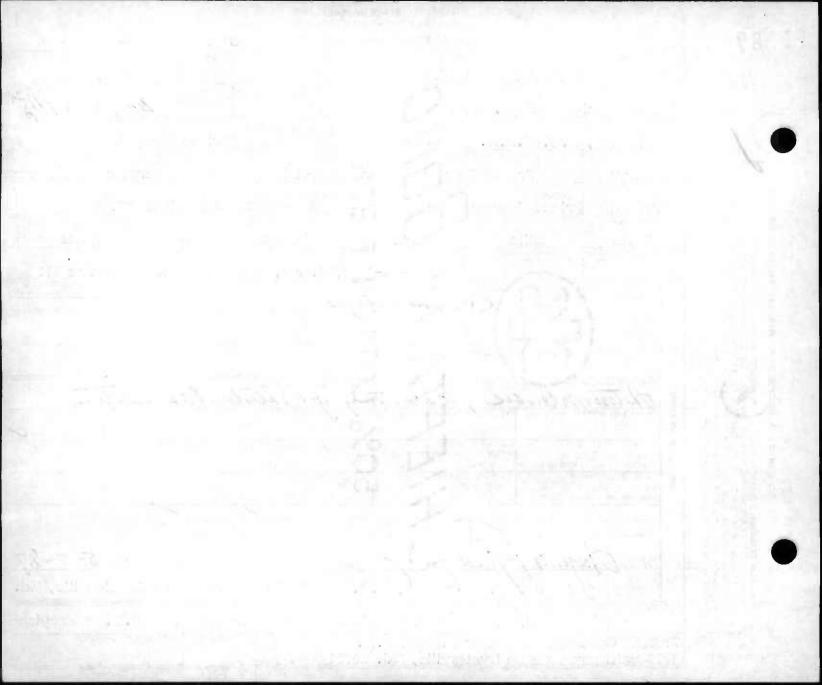
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(VRA 15, 4)

20. DATE OF DEATH BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Unknown 13e STREET ADDRESS 5602 Pola Court 20735 MIDDLE LAST **ADDRESS** Ms. Marie P. Thompson/daughter/same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 206 IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN (qur) apinian death accurred on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN ABULHASAN U ANSARY 23c NAME OF CEMETERY OR CREMATORY Harmony Mem. Park COUNTY STATE Landover, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAB SSIGNATURE
ALAN 1 7 1087 John T. Rhines, Co., 3015 12th St.N.E., D.C.

STATE OF MARYLAND





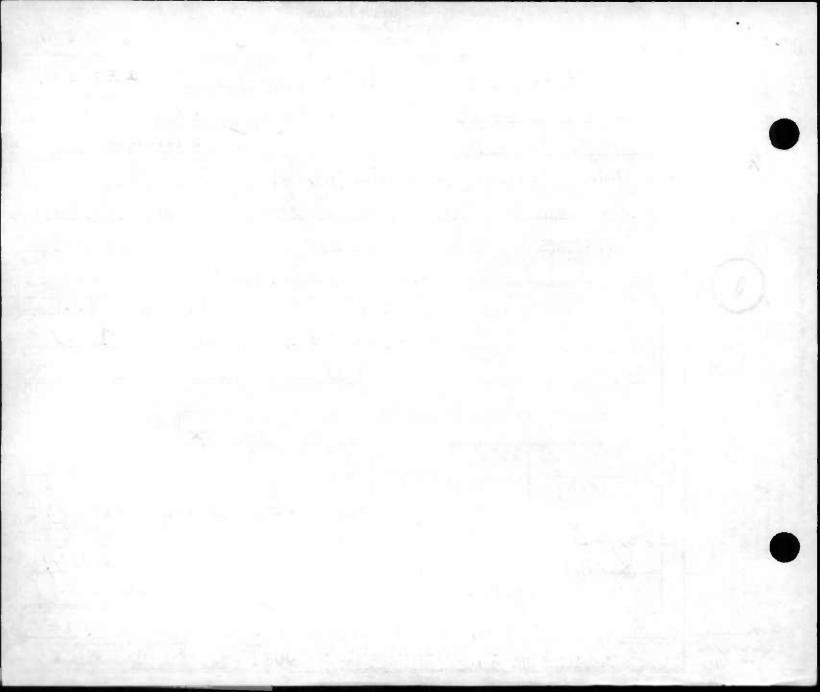
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low requires os been signe error to burn on injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO		61.07		200 AUTO	OPSY? 2	Ob IF YES, W	VERE FINDIN	IGS USED
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ALOK ATTENDING the hospital or of aLDIRECTOR: Afte tenoched for use os at Dept of Health till flem 21 is mork		220 I certify that (1) (this sow the deceased air oboye, (1) (we) (did)	e on 11 /	MM 190	ond t	GREE	our) opinion d	MEDICAL	STAFF		nd from the c	
TO HOSPITAL retoined by the TO FUNERAL should be determined by the Stote IMPORTANT. If	/	Jeffrey A.	Kelman, M		6		elcrest		208, Hy	jattsv	ille,	Md.
m 5 m 1 m 2	236	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23( )	NAME OF CEM	ETERY OR CE	REMATORY	23d LOC	ORTOWN	· · · ·	OUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION
24 FUNERAL DIRECTOR FRANCIS J. COLLINS JR. 500 UNINERSITY BLVD.W. SILVER SPRING MD. 20901

MAY 25,1987 METROPOLITAN CREMATORY ALEXANDRIA VA.

500 UNIVERSITY BLVD.W. 250 DATE REC D. BY REGISTRAR' 250, REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED KENNETH L. PRESGRAVES 19 87 4 RACE 5 DATE OF BIRTH 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 7:35 PM DEAD 19 87 57 Male White 16 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED VENEVER MARRIED EOREIGN COUNTRY) Prince George's County WIDOWED DIVORCED England USA O CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (auto) Reid Circle & Warburton Rd. Et. Washington U.S. Air Forc Civilian Employee HER-INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Ft. Washington YES 🗌 NO [ 1714 Taylor Ave Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST John Presgraves Virgie Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO IYES, NO. OR UNKNOWNI John V Presgraves Ft Washington 20744 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ORD "PENDING" IN PENCIL IN ITEM IN CHIEF MEDICAL EXAMINER ALCHIEF E USED AS A BURIAL - TRANSIT PERMIT T OF HEALTH AND MENTAL HYGIE URIAL, CREMATION, OR REMOVAI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FECUTE THE CERTIFICATE, WRITING THE WORD POR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO Head Only 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5-21- 19 8 Self-inflicted. 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN Reid Circle & auto Ft. Washington, Prince George! Warburton Rd.
Autopsy X. Inspection 220 I certify that I took charge of the remains described above, held on Inspection and in my opinian Suicide X death resulted from Notural causes Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL 5-23-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 5/27/87 Burial Refuge Cemetery 07/84 Stephens City Va. **DHMH - 17** Witzke & Family 4112 Columbia Pike (VR A15 ME (5)) Ellicott City, Md. 2104

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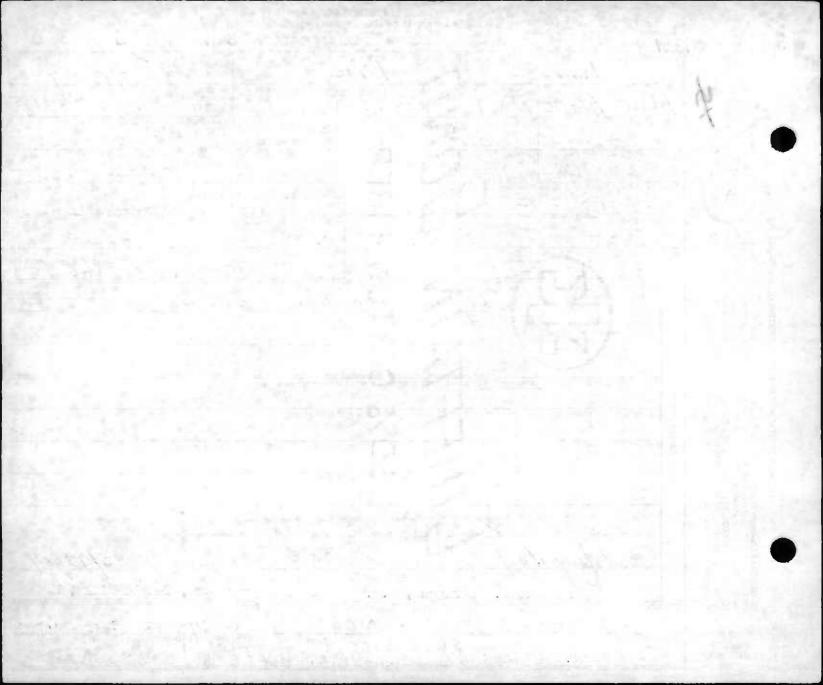
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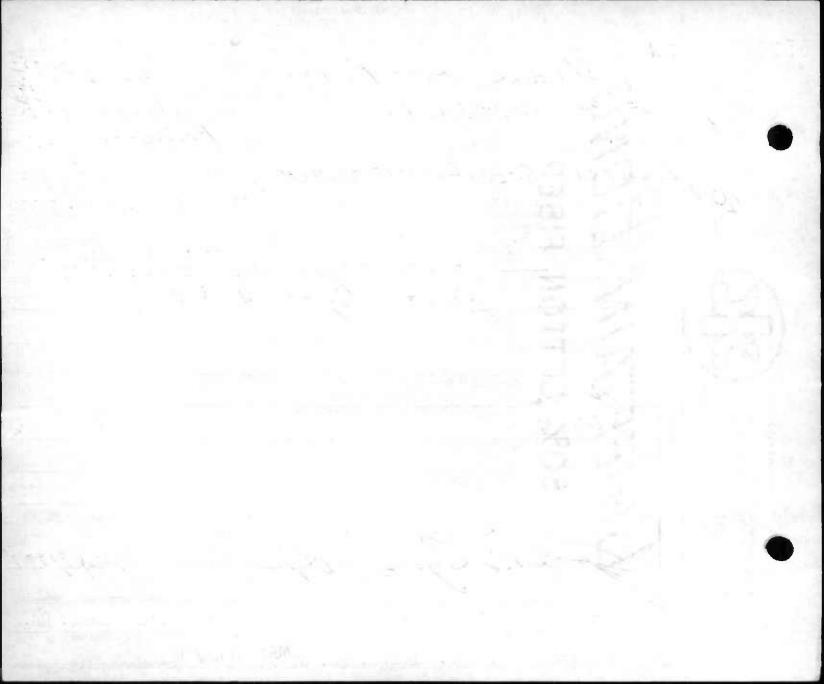
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR JOECEASED NAME 20 DATE KNOWN TYPE OR PRINTI ESTI YOUR FILES. DEATH MATED pward 4 RACE 3. SEX DATE OF BIRTH IF UNDER 1 YR # UNDER 24 HRS 20 DATE LAST BIRTHDAY) PRONOUNCED 4 DEAD 70 BIRTHPLACE ISTATE OR BALTIMORE CITY MARRIED NEVER MARRIED FOREIGN COUNTRY Apex, N.C. USA WIDOWED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION S 120 USUAL OCCUPATION ITYPE OF WORK Retired Motel&Bar Howard Owner Md. 11909 Lime Kiln Rd. 20759 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Garfield H. Linnie Howard Murray 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 7. INFORMANT 11819 Eime Kiln Rd. EYES, NO, OR UNKNOWN no 240-07-4027 Edward Prince Fulton, Md. 20759 DIV 18 CAUSE OF DEATH (Enter only one couse per line for (o), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LHEF MEDICAL EXAMINER ALONG W LUSED AS A BURIAT TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D POLAT CREMATION, OR REMOVAL. PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION one 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE SOULD BE FORWARDED TO THE CHIEF TO PURILLAND BE FORWARDED TO THE CHIEF USED A SHITTED EAST WHITH THE STATE DEPARTMENT OF HE BALTMORE MATYLAND, 21201 PROR TO BORIAL, YES [ NO R 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held on **Autopsy** Inquiry and in my opinion death resulted from: Accident Suicide Homicide Undetermined monner CERT TITLE (SPECIFY) EXECUTE OR PRINT (SPECIFY) Burial 5/ 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 5/5/87 Burtonsville Union Cemetery Mont. Md. BP 07/84 24 FUNERAL DIRECTOR Sandy Spring Road 256 REGISTRAR'S SIGNATURE 250. DATE REC'D, BY REGISTRAR **DHMH - 17** Fleck Funeral Home, Inc. Laurel (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

236 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTO

ROLLINS FUNERAL HOME, INC.

MAY 30 1987

23c. NAME OF CEMETERY OR

RESURRECTION CEMETERY

26 HOUR

IF UNDER I YEAR

COUNTY

NATIONALS

BROWN

YES [

221 DATE SIGNED

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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ROLLING FURE, AL HOME, MC. ATTS HUNT PLACE, ME.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Nacemah 18 3. SEX 6. AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR 16 FEMALE WHITE 1926 SEPT IN HIRTHPLACE CHATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GEORGE'S PRINCE isTan WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HAYO S QUEEN DE MY OF WORKING LIFE INDUSTRY ELAND MEM. HOSPITAL. RIVER DALE MD. HOMENCIKES HO RIVERDALE ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE P.G. HYATTSVILLE MARYLAND NO [ 5510 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mohamma no ureshi same as #13 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) man Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NOM YES NIA NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMPLE A 21e PLACE OF INJURY 211 LOCATION STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on and that in (my) (aur) apinian death accurred an the date and havi and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

274 PHYSICIAN'S NAME (TYPE OF PRINT

23c. NAME OF CEMETERY OR CREMATORY

CATTOIL

20722

TREET

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BRENTWOOD

3601 TAYLOR

W. W. Chambers Co. Drc.

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- , ,	e o th	Field	LIAME O	R PRINT)	Marth	2	L.	RAN	DALL	May 22, 1	987	O.	1:25p.M
	s offer d	7	3 SEX	Female	9	4 RACE Wh	ite	5. DATE O	ruary 22, 1897	6 AGE (IN YEARS LAST BIRTHE		UNDER TYEAR	IF UNDER 24 HRS
0	leoth. Po	4	co	HPLACE (STATEO			WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Prince-Ge	COUNTY		MD
201	by the first	10	Ну	or Town of Di		(IF NOT IN SU Sa	cred Hear	t Hom	e, Inc.	126. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF VONCET: Child	VORKING LIFE)	INDUSTRY	F BUSINESS OR
AND 212	n 24 hou filled i	15	130. ST.	ryland	RSING PIME OR N3H COUR How	VTY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Columbi		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 5488 Ceda		ie 2/	044
MARYL	ored with	31	7	HER'S NAME FIRST Jacob		J.	Lewis		15 MOTHER'S MAIDEN NA. Elizabet	h MIDDIE		kew	7
FIMORE	S. Poges	medica		S DECEASED EVE , NO OR UNKNOWN) NO		MED FORCES?			Louise Freur	ad Cator	Montr	e MD	nor Ct.
S, 201 W. PRESTON ST., BAL	uires that the death certificate igned by the attending physicic en please remave carbon paper: burial, cremation, or remaval.	ury, or other troumotic event, in		Conditions, if an gove rise to in couse (a), statunderlying cause	WAS CAUSE IMMEDIA  y, which mediate ing the se last.  GNIFICANT	D BY: TE CAUSE (a)  DUE TO, (  (b)  DUE TO, (  (c)	er line for (0), (b), and on the form of t	NCE OF	Cereby V	INAL DISEASE OR CONDI		3	day
AL RECORD	The law requirent	die die same	E	DATE OF OPER	ATION	19b. CONE	DITION FOR WHICH		NWAS PERFORMED	200 AUTOPSY?	70b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES (	GS USED OF DEATH?
DIVISION OF VITAL RECORD	THISTIAN THISTER THISTER THIS CONTRIBUTIONS THE BUTTON TO AN AMERICAN TO AN AMERICAN THISTER	9	MEDICAL C	DR. ACCIDENT WAS UP DR. CONTRIBUTING [ (IF EITHER, NOTIFY MEI 1d. INJURY OCCU	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH D./ P.M. E OF INJURY TREET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY I		COUNTY	STATE
) Oi	NOW A Party of A Party	a mon		THOMA AT W	ONK		he deceased from	12	/18/ 19 8/	, to 5/2	2/1	9 8 7.1	hat (I) (we) last

MPORTANT, IF Hem 21 730 BURIAL, CREMATION, REMOVAL

sow the deceased alive an above, (I) (we) (did) (did not) view the bady after death.

23¢ NAME OF CEMETERY OR CREMATORY Burial
24 FUNERAL DIRECTOR St. Louis Cemetery

23d LOCATION

STAFF

MEDICAL

22c. DATE SIGNED

SLACK FUNERAL HOME (VRA 15, 4)

22h SIGNATURE

DEGREE

1250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE POR 1043 MAY 27 1987 ADDRESS BOX 268
ELLICOTT CITY MD. 21043

ATTENDING

DHMH - 16 60M 7/B4

10 FUNERAL DIRECTOR. should be deturbed to use with the State Dept, of the

TO HOSPITAL

Tourist the second of the seco the little to the same and the Tableship (1997) . 1 deads A Dead Market Market (1998) Expert, Market Market (1998) . 15 dead (1998) . 15 dead (1998) Burley Sharely Sharely golden golden The State of the Sta

SLAGE EMBEG Hors Shirt City All 2004

SORE MARYLAND 21201	Freited thin 24 hours after death Pag	er completely filled in by the funeral directions of the should be filed within 72 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BAITIMORE MARYLAND 21201	) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cut litered. The cites whin 24 haurs after death Page founded by the haspital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending chirace that a compileral filled in by the funeral about be detached for use as the burial-transit permit. Then please cemove carbon paper, that can should be filled within 72 hours in the State Dept. of Health and Mental Hygiene prior to burial, cremation, a removed.

3	FOR T - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 7 <sub>REG. NO.</sub> 1 5 2 5 5
0550Q JIN.	I DECEASED NAME FIRST	INA M RA	ANDOLPH	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 5-21-87 3.20A M
ge 4 may ector. pa	3. SEX Female	4. RACE Caucasian	S. DATE OF BIRTH  March 3, 1927 FAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DATS HOURS MIN.
Georh Po	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE
by the filled with	CHEVERLY		APPESSIPITAL CENTER	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Own Home
AND 2120 n 24 hours filled in by hould be file			am YES X NO	13e STREET ADDRESS / ZIP CODE 6818 Elbrook Rd., 20706
MARYI O T 2 2 5		hn Augustine		Sceldon
	166. WAS DECEASED EVER IN U.S. A  NO (YES, NO OR UNKNOWN) (16 YES, O	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 215-20-3		Randolph, Same as Line #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. E  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean certificated by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove curbon powith the State Dept. of Health and Memal Bygiene prior to burial, cremation, a with the State Dept. of Health and Memal Bygiene prior to burial, cremation.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190. DAY DEPOPERATION  210. **ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (WEITHER NOTIFY MEDICAL EXAMIN AT WORK AI WORK  270. i certify that (1) (this has saw the deceased alive or saw the deceased al	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F  pital) attended the deceased from 2  page 100.	PNCE OF POWNER OF THE TERM OPERATION WAS PERFORMED  ANY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING	AINAL DISEASE OR CONDITION GIVEN IN PART Ita  200 AUTOPSY?  YES NO PER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)  COUNTY  STATE  MEDICAL STAFF DIRECTOR PHYSICIAN
	236. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CHYOR TOWN
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	FRANGISTGASCH	'S SONS FUNERA ve,, Hyattsville,	Lincoln Cemetery AL HOME, P.A. 250 Maryland	Brentwood, P. G., Maryland

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DIVISION OF VITAL
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4				STATE OF MARYLAND		
<b>A</b>	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	5 2 3 6
F		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	J ton
5768911		CEASED NAME FIRST	MIDDLE	(AST	2a DATE OF DEATH MONTH	DAY YEAR 21 HOUR
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offer p	3. SE	× • • • • • • • • • • • • • • • • • • •	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge oge	2- 0	RTHPLACE (STATE OR FOREIGN	W CITITION OF WHAT COUNTRY!	06/30/12	9 BALTIMORE CITY OR CO	RS.
F 24 X	/0 B	COUNTRY	76 CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	O. BALTIMORE CITY OR CO.	ONIT OF BEATH
1 11 12		TY OR TOWN OLDEATH	11 NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 GIND OF BUSINESS OR
1/11/1/	A	D ALL	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY
1/2000	Fl Q		5331 854 AV		IKailroad kng	·   N N
199C	13a	STATE 136 COUN	ITY 13c CITY OR TOV	VN 138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	1 00 1
	14 F	ATHER'S NAME	6 Mew Can	TO YES NO IN	8331 85 Ave	N.C MN 20784
1 1/4/			MIDDLE	FIRST	WIDDLE	4 C 1 S 1 L
	16n \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	10 Williams
		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DALES	0 101	6331 85 Ave	+102 N.C. MO 20789
NG PHYSICIAN The low requires that the death certificate precision. This obtained by the certificate has been stated by the antification of the buriol-fromst permit for being certificate and mental hygiene prints to be under the and mental hygiene prints to be under the most certificate and the and mental hygiene prints to be under the most certificate and the most certificate and the content of the certificate and the content of the certificate and the certific	-	100	ly one cause per line for (a), (b), or		1 231 83 1VE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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of the series of		Conditions, if any, which	DUE TO, OR AS A CONSEOL	CARDIAC 1	usufferency	lyn
4 416		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF	/	
1 5555		underlying couse last	(c)	ENCE OF		
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART TIO
1 1200	Z Q		11tz Apius	D11691-		
s b	CERTIFICAT	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The The Strong S	1 =				YES NO Y	YES NO
hysical ficote fronts 18 sh		OR CONTRIBUTING CAUSE OF DEA	LUCIUS A M. MONITH D	AY YEAR 1216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
SICIA certif certif tentol-t	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	1 P.M.	19		
PHY ending this he bu	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY
NG T Office os the oorke		AT WORK AT WORK		4000/ 6	10 Aunt 27	67
END Polo Polo Heo		22a.1 certify that (1) (this hospi saw the deceased alive on	tol) ottended the deceosed from.	and that in (my) (our) anima	,	d haur and fram the couses stated
ATT OSPURE ECTO		obove, (I) (we) (did) (did no 22b. SIGNATU	t) view the body oftendeath.	DEGREE	Occorred on the date an	22¢ DATE SIGNED
DIR he h		1 / con	4 flore	ATTENDING	MEDICAL STAFF	5-1-17
by the RAL descriptore	1	224 PHYSICIAN'S NAME (TYPEO	R PRINT)	122- ADDRESS	FDIRECTOR PHYSICIAN	
HOSPITAL oned by the RAL online der		nobenk, i	CNGHAUS UN	1 Ricerty/		an 727
Of 5413	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		29/9/
BP	730	ISPECIFY Burial		1nut Grove Cemeter		or Co., W. Virginia
	1	UNERAL DIRECTOR Davis			ATE REC'D. BY REGISTRAR 256, R	
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME	Grafton, West Vi		6 1987 julya d	Tind D
(, 10, 1)	FU	TICOLAW AVEILUE	orar con , west vi	-8-11-0	June 1	Ascara No Candala

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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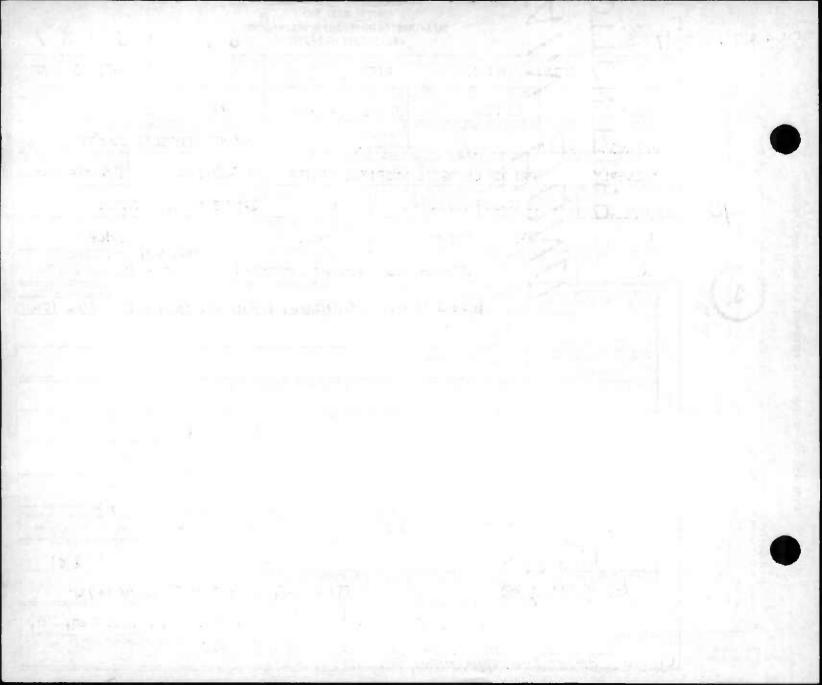
		CEASED NAME FOR PRINT)	SUSAN	KYĹ	ER	RIC	AST E		20 DATE OF	DEATH		16-87	3 : 3	OPM M
	3 SEX	FEMALE		ACE WHITE		JUN	CAY -	60.0	6. AGE (IN YE	7	YRS.	IF UNDER 1 YEAR	IF UNDER	24 HR5. MIN.
1	10 CI	IRTHPLACE (STATE OR F COUNTRY)  PENNSYLV  ITY OR TOWN OF DEA	ANIA TH 11.	NAME OF H	FACILITY GIVE	WIDOWE O	NEVER MAR  DE DIVOR  DIFFORMER INSTITUTION  TAL CENT	CED []	PRINC 120 USUAL C	E GEO	RGE S	COUNTY	OF BUSINE	MD. ESS OR
1	13a. S		Prince	ER INSTITUTION		BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	3713 3			1		
		Leonard	WIDE	<b>y</b> <sup>t</sup> .	Kyler		Emm			MIDDLE		Kyler		
	160 V	MAS DECEASED EVER	N U.S. ARMED (IF YES, GIVE WA			SECURITY NO. 0-3265	Ernest :	Saver	cool			num St lle, Md		31
7	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), stotin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT	lediate g the last.	(c) IDITIONS <u>CO</u>	ntributing		NOT RELATED TO		NAL DISEASE		20b IF YES	EN IN PART 1	NGS USE	D TH?
1	MEDICAL CERTIF	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IFEITHER NOTIFY MEDIC	AUSE OF DEATH	P.A	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRE	YES [	URE OF INJUR	YE Y IN ITEM 18 P		NO [	]
	MED	WHILE NOT WHAT WORK AT WORK	ILE 🗍	21e PLACE (		FFICE, FARM, ETC )	211 LOCATION STREET	01	List In	CITY OR TO	WN	COUNTY		STATE
		220.1 certify that (1) saw the decease abave, (1) (we) (d	d olive on	5-16		.19 <u>87</u> . or	nd that in (my) (au	r) opinion d	, to leath occurred	on the a	te and hou			we) last ated
		22b. SIGNATURE	3.7	gha	13.		PHY	NDING SICIAN	MEDICAL DIRECTOR [	STAF	F IAN 🗌	3-1	SIGNED	
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	(	BURIAL, CREMATION, (SPECIFY)		Nay 20	,1987	Fort Li	ncoln			ntwo	8	ince G	3 - 23	1d.
	24 FL	Francis (	Gasch's	Sons	Funer	al Home	P.A.	NAYE	ZP BY9	OFTRAR	ZINTREGIST	RARSSIGNA	€URE	

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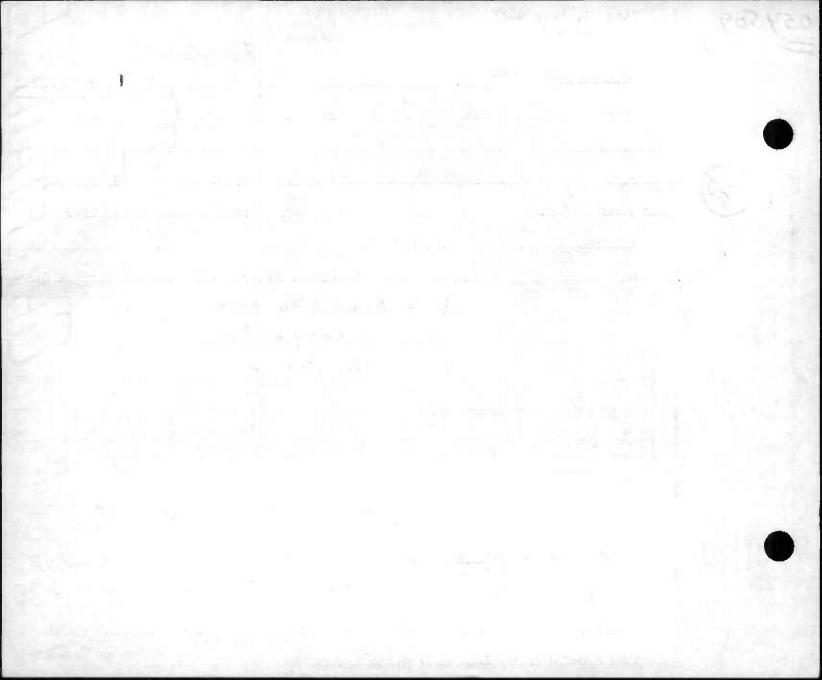
MPORTANT. If Hem 21 is marked or Hem 18 shows any injury, or other traumatic



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		ASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		-KENNETH-Ke	enneth S.	RIC	HTER	100	MAY :	21 87	8.23
3	SEX	4	. RACE	5 DATE C		6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DATE	IF UNDER 24 HIM
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ZX.		OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR SOUTHERNMAR)	EET ADDRESS)	HOSPTTAL.	(TYPE OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OR
13	BUAL Is. STA	RESIDENCE UE NUMBERO HEAR CHIC	HER INSTITUTION GIVE RESIDENCE BET	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
		TER'S NAME	IDDLE LAST	ter.Sr.	15 MOTHER'S MAIDENN FIRST	AME	M	LAS	
7 160		S DECEASED EVER IN U.S. ARM	WAR OR DATES) 166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADD		1	
-	l	8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	r one couse per line for (0), (b), BY:	and ic	Janice B. Ri	haemorr		APPROXI BETWEEN	21076 MATE INTERVAL DNSET AND DEATH
		Conditions if any which	DUE TO, OR AS A CONSEC	DUENCE OF	hydroceph	alus	0		
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECU	UTE DUENCE OF	hydroceph Hypertensi	ón	VDITION GIV	EN IN PART LIE	
3 To	P	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSECU	DUENCE OF O DEATH BUT	Hypertensi NOT RELATED TO THE TER	MINAL DISEASE OR COI	20b IF YES	, WERE FINDIN	IGS USED OF DEATH?
77.1	P 19	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTED ON DITIONS CONTRIBUTING TO THE CONDITION FOR WHITE	ODENCE OF ODEATH BUT	Hypertensi NOT RELATED TO THE TER	MINAL DISEASE OR COI	20b IF YES IN CERTIF YE	S, WERE FINDING CAUSES	IGS USED
111	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.  TO DATE OF OPERATION.  TO ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSECUTED ON DITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONDITION FOR WHITE CONTRIBUTION FOR	ODEATH BUT  CH OPERATION  DAY YEAR  19	Hyperters, NOT RELATED TO THE TER	MINAL DISEASE OR COI	20b IF YES IN CERT IF YE	S, WERE FINDING CAUSES	IGS USED OF DEATH?
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### STATE OF MARYLAND

ALTH AND MENTAL HYGIEN CATE OF DEATH	8	/ REG. NO		5	2	3	-
ST 2	DATE	OF DEATH	MONTH	DAY	YEAR	25 HC	1116

8	1-	FOR STATE			DEPAI		EALTH AND MENTAL HYO	GIENE	1 5		3 4	
Ø.		REGISTRAR					ICATE OF DEATH	REG. NO		dive.	0 ,	
	J. HE	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		MARIAN	-HARI	ON PA	ATRICIA	- 201	RIZZUTO		05 06	87	3 00P M	
	1. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UND	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	1	Female		Caucas	sian	Aug	00 1010	34	YRS	VAIS	MODES MINS.	
0		HTHPLACE ISTATEORE	OREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		EATH		
/		New York	1	U.S.A	A .	WIDOWE		PRINCE GEO	RGE'S		MD.	
1	10, CI	ITY OR TOWN OF DEA	TH /	11. NAME OF H	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR	•
Z	-	EVERLY					TAL CENTER	President			ial Ser.	
þ	13a S	AL RESIDENCE (IF NURSI STATE EW Jersey	Berg	YTY	136 CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 25 Crest		orth	07626	
Ē	14. FA	THERS NAME				19,11	15. MOTHER'S MAIDEN NA	ME	, ,	01 011	0,5.0	
0	2	Peter	Jo	hn	Suh	r	Frances	M		Clar	le o	
1	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRE		Clai	RC	100
3	P	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	124-42	-6154	Alan M. Rizz	uto huchan	d Same	20 1	3	
6							Aldi II, KIZZ	deo, nasban			MATE INTERVAL DNSET AND DEATH	:
		18 CAUSE OF DEATH PART I. DEATH W				Da +1						-
		Server of	IMMEDIA1	re CAUSE (a)	Drein	DROITH			-	72 HV	3.	-
				DUE TO, O	R AS A CONSE	QUENCE OF	111			2411	**	
		Canditions, if any, gave rise to imm		(b)	Sube	rach hot	Homorrhag	9		24 Hz	.7 .	-
Н		cause (a), stating underlying cause		DUE TO, OI	R AS A CONSE	QUENCE OF						
				(e)		Ceropre						-
	z			CONDITIONS CO	DNTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN	PART 110	3.	
-	CERTIFICATION	190 DATE OF OPERAT	DNG	TIAL CONDI	TION FOR WILL	ICH ODERATIO	N WAS PERFORMED	I an AUTORSY2	TOBLE IF VEC LAVER	E FILIDIA	105.055	
9	5		IION	190. CONDI	HON FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING	CAUSES	OF DEATH?	
	18.11	NONE 710. ACCIDENT WAS UND		7 216. TIME O	F IN LILIDY		Tal. How hilling occur	YES NOW	YES 🗌		NO 🗌	
1	200.0	OR CONTRIBUTING	lu lu		M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I O	RPART 2)		
	CA	(IF EITHER NOTIFY MEDIC				19						
	MEDICAL	21d. INJURY OCCURR		(AT HOME STR	OF INJURY REET, FACTORY, OFFR	ICE, FARM ETC	21f LOCATION STREET	CITY OR TO	WN CO	OUNTY	STATE	
		AT WORK NOT WH	RK									
		22a.1 certify that (1)	(this haspi	tal) attended th	e deceased fra	m May	7 , 19 87	, ta may	7 19	87.	that (I) (we) last	
		saw the decease abave, (1) (we) (d	ed alive an	1) view the bady	after death.	9, ar	nd that in (my) (aur) apınıan	death accurred an the do	te and have and	fram the	causes stated	
		226. SIGNATURE		- 1	.0		DEGREE		2	2c DATE	SIGNED	
		115100		- Slaw	1	1	1. D. ATTENDING PHYSICIAN [	MEDICAL STAF		Men	6 1987	
1		22d. PHYSICIAN'S NA	TAME (TYPE C	R PRINT)	- ()	No.	17e ADDRESS			1	71101	•
		Benjam	7 nin	livko			Prince (	Sporse's H	.020			
		BURIAL, CREMATION,		23b. DATE	12.	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=
	- (	Burial		9 May 1			od Cemetery	Westbury	New You	rk	STATE	
	_	UNERAL DIRECTOR		,, -				TE REC'D. BY REGISTRAR			URE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

Capitol Funeral Service, Falls Church, VA

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Markon Tuneral Service Valle Comment Indiana

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH/ REGISTRAR I. DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-5/6 1987 Hannah Robinson DEATH MATED IR DEATH. IF ANY DELAY IS NECESSARY, PLEASE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. ORM. PM. 3, RETAIN PAGE 5, FOR YOUR FILES. SI 1 AND 2 SHOULD BE LIED, WITHIN 72 HOURS. SI NO EYWLAI RECORDS, 20 MM PRESTON STREET, IF UNDER 1 YR. IF UNDER 24 HRS 5:05 A. M 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS 3 SEX DATE LAST BIRTHDAY) PRONOUNCED Oct. 25, 1912 1.87 Female Black 74 DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY U.S.A. Prince George's County DIVORCED Maryland

10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 4306 - 34th Street, #3 Mt. Rainier Domestic None USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Prince George's 4306 - 34th Street. #3 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hall William Robinson Mary (YES NO OR UNKNOWN) 214-28-2553 Ms Ruth Nickens (Neice) Same As No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. None 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALUMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STORES CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22s. I certify that I taok charge of the remains described above, held an Autopsy Natural causes death resulted from: Accident TITLE (SPECIFY) **ACTUAL** Deputy SIGNATURE 1919 Seminary Road

ADDRESS Silver Spring, Montgomery County, MD EXAMPLE S NAME John S. Rogers, M.D TYPE OR PRINT

07/84

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

23g BURIAL CREMATION REMOVAL 23b DATE

Burial

5-12-86

Lincoln Park Cem.

23d LOCATION

Rockville, Montg, Md 250. DATE REC'D. BY REGISTRAR

246 N. Washington St, MAY George R. Snowden Rockville, Md



	FOR STATE REGISTRA
DEC	EASED N.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO		4
	ECEASED NAME FIRST	Polocut	Nº	meo	20 DATE OF DEATH	MONTH DAY YEAR 7	1 HC
3 50	ix filtre	Robert 4 RACE	S. DATE OF	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	# Ipole
JIN	Male	Caucasian	Octob	per 25, 1918	68	YRS YRS	HOURS
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
Br	cooklyn New York	U.S.A.	WIDOWED			alles	
	LLINTON	11. NAME OF HOSPITAL, NURS	EET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION	F WORKING LIFE) INDUSTRY	
, USL	JAL RESIDENCE (IF NURSING HOME O	IR OTHER INSTITUTION GIV RESIDENCE BEF	ORE ADMISSION)	130 CENTRE		Conductor Co	onra
5 Ma	ryland 136 CP	remple	Hills	YES X NO [	13e STREET ADDRESS 4405 Hende	rson Rd.	20
7 IN F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		£A/	57
	Joseph	Romeo		Julia /		Palme	
		IVE WAR OR DATES)	1 5 5 3 1	17 INFORMANT		\$\$135 Monmout	
1 3	es 1944-	<b>-</b> 1946 155 <b>-</b> 09	9-1436	Mary Anne Vi	caro Way	ne, N. J. 07	7470
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	inly one couse per line (a), (b),	and ic	Fail	10	BETWEEN	ONSET A
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC					
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONDIBUTING TO	O DEATH BUT N	NOTHELATED TO THE TERM	INAL DISEASE OF OND	DITION GIVEN IN PART 10	0 '
CERTIFICATION	19s DATE OF OPERATION	IN CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	78x AUTOPSYT	MA IF YES, WERE FINDING CAUSES YES	OF DE NO
	THE RECEDENT WAS DISCRIPTING TO SECONTRIBUTING TO CAUSE OF DE-	HOUR AM. MONTH	DAY YEAR	THE HOW INJURY OCCURR	ED ((NTE NATURE OF POUR	THE FILLS LIE, FRANT 1 CH FAMT 21	
MEDICAL	THE BUJURY OCCURRED	Jie. PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE	2,7400, E1C)	THE LOCATION	CITY ON TOX	PANDS COUNTY	
	7	otal offended be deceased from	82	that (my )our apinion of	teath occurred on the da	To and hour and from the	tion ()
al:	77% SIGNATURE	France	20	EGREE ATTENDING _	MEDICAL STAF		SIGNE
7	224 PENSICIAN'S NAME ITOL	mynts /		PHYSICIAN E 22€ ADDRESS	DIRECTOR [ ] PHYSICI	AN L	-
/	Kené G	trace a	///	6/5	200	2010	
	BURIAL, CREMATION, REMOVAL	Toni o err	NAME OF CE	METERY OR CREMATORY	123d LOCATION		
			Mar Hi	11 Comotors		Prince	rao
Bu	irial	05/05/87 C	edar Hi	11 Cemetery	Suitland	Prince Geor	
Bt 24 F	uneral director Lee	05/05/87 C	edar Hi	11 Cemetery	Suitland REC'D. BY REGISTRAR	Prince Georges  Sb. registrar's signat  Julia Topic	URE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	REG. NO.	1 5	2	4	100
					u

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO.	244
1. DECEASED NAME FIRST DONA.	ld Jack	Ros	se	5-25-87	DAY YEAR 26 HOUR A
3 SEX Male	Caucasian	5. DATE O	nber 31,1928		IF UNDER TYEAR IF UNDER 24 HRS.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DEVER MARRIED DIVORCED	Prince George'	
Clinton	Southern Mary	Tand Hos		174 USUAL OCCUPATION (ITRE OF WORKFOR MOST OF WORKING LIFT auto-body repair	12b. KIND OF BUSINESS OR INDUSTRY INC Safeway Stores
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland Prince	or other institution, give residence unity or supper supper	BEFORE ADMISSION) TOWN Marlbon		13. STREET ADDRESS / ZIP CODE 8409 Wexford Rd	20772
Jack	MIDDLE LAS	Rose	Maude	WIDDLE	Smith
(YES, NO OR UNKNOWN) (IF YES, YES	ARMED FORCES? 166 SOCIAL	SECURITY NO.	Susan J. Ros		a - e
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 DIHER TENTON  IN DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	onic Oby	SEQUENCE OF	NOT RELATED STUTTERN WAS PERFORMED	AINAL DISEASE OF CAMPOTTION GIVEN	28
TO STAND THE LEGISLA CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF CAUSE OF CAU		19	216 HOW INJURY OCCUR	RED ENIER NATURE OF INJURY IN ITEM 18 P.	Sheet C. C. Seet
22a I certify that (I) (this saw the deceased alive	not) view the Body after death  Library  PE OR PRINT)	(747	ATTENDING PHYSICIAN 2	death occurred on the doll and house death occurred on the doll and house death occurred on the doll and house death occurred on the doll and the do	22. DATE SIGNED 26 May 87
23a BURIAL, CREMATION, REMOV		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	., 1.020733

BP.

OHMH - 16 60M 7/84 (VRA 15, 4)6633

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, or other troumotic event, th

MPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR

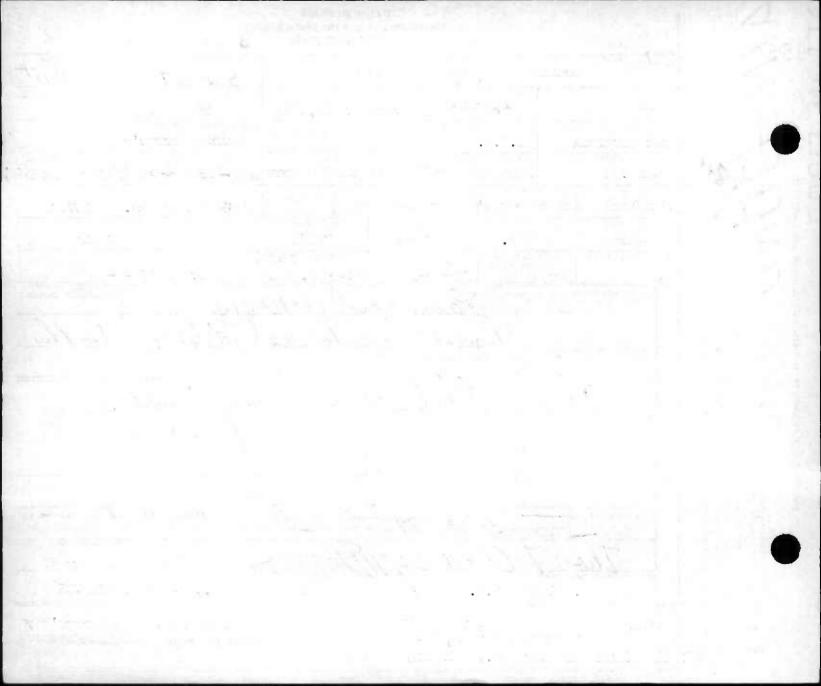
Cheltenham, PrinceGeorge's MD

Burial May28,1987 ND Veterans Cemetery

14 FUNERAL DIRECTOR Lee Funeral Home, Inc | 1250 D

Old Alexander Ferry Rd., Clinton, MD 20735

250 DATE CONTY LEGIST AR 156 REGISTRAR'S SIGNATURE



(VR A15 ME (5))

Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE director, page 3 hours after death

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	5	.>	49	-
REG. NO.		(hr-st)		

REGISTRAR		CERT	IFICATE OF DEATH	REG. N	0.	6 ma	
DECEASED NAME FIRS	T	MIDDLE	LAST		MONTH DA	Y YEAR	26 HOUR
Edna	a	M. RUS	SELL	May 6,	1987		12:58p
3. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
Female	Wh	ite Dec	ember 19,1896	90	YRS	02.5	1.00%
BIRTHPLACE   STATE OF FOREIGH	76. CITIZEN OF	WHAT COUNTRY?	IED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY C	FDEATH	
Maryland	USA	WIDO		Prince-Ge	eorges		٨
Hyattsville	(IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHTY, GIVE STREET ADDRESS) Sacred Heart		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS O
JSUAL RESIDENCE IF NURSING HO 130 STATE 136 C Maryland Pr	OUNTY	GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN ES Beltsville	134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 12903 Fore	ZIP CODE		2070
FATHER'S NAME John	MIDDLE	Moore	IS. MOTHER'S MAIDEN NA	WE		Meredi	th
60 WAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDR	ESS		
TYES, NO OR UNKNOWN)	ES, GIVE WAR OR DATES	578-05-6233	John Russell	son	same	as #1.	3
Conditions, if any, whis gove rise to immedia couse 101, stating the underlying couse los	th (b) DUE TO, O  ANT CONDITIONS CO  ARTHR		UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON TEU PUROS IS 200 AUTOPSY?	20b IF YES,	WERE FINDIN	
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE  IF EITHER NOTHY MEDICAL EXI WHILE AT WORK AT WORK AT WORK	OF DEATH HOUR A. AMINER) P.  21e. PLACE	M. MONTH DAY YEA M. 19		YES NO RED (ENTER NATURE OF INJU			NO
220. I certify that (1) (this saw the deceased all above, (1) (we) (did) (c) 226 SIGNATURE	K Defect	olter death. 19 37.	ond that in (my) (ear) opinion  DEGREE  ATTENDING PHYSICIAN [  27e ADDRESS  21) UNIVERSIT	MEDICAL STA	FF CIAN []	22c. DATE 5- 6	SIGNED
230 BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
hunial	Mau 8	1987  COPONU	illo Comotoru	COPPAVILL	o Manto	nomohu	Marilla

DHMH - 16 60M 7/84

retained by the haspital ar

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remaye carban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remove

IMPORTANT: If them 21 is marked at them 18 shows any

(VRA 15, 4)

FOR

Francis J. Collins, Jr. FUNERAL DIRECTOR Francis J. Collins, Jr.

500 University Blud. W., Silver Spring, Md. 2090 MAY 1 1 1987 Julia Director Renders. 24 FUNERAL DIRECTOR

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# FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-7	i E	. )	23	Jug
REG. NO.	1 2	la	-	~

		REGISTRAR					RE	G. NO.			
1		CEASED NAME FIRST		MIDDLE	L CONTRACTOR	AST	20 DATE OF DEA	HINOM HI	DAY YEAR	26 HOUR	0
1	-13"	Jenk Jenk	NE T	Tiffany	K	usse//	100	5-	29-8-	7 1455	M
	3. SE)		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS L	AST BIRTHOAY)	# UNDER I YEA	R FUNDER 74 HRS	-
	1	Male	Cave	easion	MONTH 5	Y LS	72	YRS		HOURS MIN	
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
1		MARYLAND	U.	S.A.		DIVORCED [	PRINCE	GEORG	GE	MI	D.
3	10 CI	CLINTON	II. NAME OF	H FACILITY, GIVE STREET	AODRESS)	TENDED CARE	120. USUAL OCCI	MOST OF WORKING	HEEL INDUSTRY	OF BUSINESS OR	
100	f3o S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE 130. CITY OR TOWN INDIAN	N	13d INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP CO	DE 49 20	0640	
2	14)FA	THER'S NAME				15. MOTHER'S MAIDEN NA					-
6	1.	JENKINS TIFF.	ANY RUS	SSELL		PEARL	MIC	DOLE	COLL	ISON	
7		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	-	ADDRESS			_
-	111	YES, NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	218-09-	1520	RHEA BLOXE	MAH	SAME /	AS #13		
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, O (c)		NCE OD	NOT RELATED TO THE TERM		7	GIVEN IN PART	lo	-
1	CERTIFICATION	19a DATE OF OPERATION	196 COND			N WAS PERFORMED	YES NO	IN CER	YES, WERE FIND TIFYING CAUSE YES []		
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR				-	
	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM, ETC )	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE	
	7	220 I certify that (I) (this hosp saw the deceased alive or above, (I) () (did) (d)	572	9 19		3 - 25, 19 87		the date and h			_
	38	KAMLe Co	nnau	ghy	MA		MEDICAL DIRECTOR P	STAFF HYSICIAN []	5	29/87	,
		RA Mc Co	VNAUgl	y Mis		56/8 54.	BARNABU	s Rd.	OXUN	Hell, Me	4
	23a B	BURIAL, CREMATION, REMOVAL	73h DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	-	BURIAL	6-1-8	ST ST	. CHA	RLES CEMETE			HARLES		NI

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR
NAME
AREHART FU

FUNERAL HOME, INC. LA PLATA, MD.

JUN 04 1987 Julia Devider Landele

The state of the s

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injury, ar other traumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

	S	TA	TE	OF	M	ARYL	AND		
MENT	r	OF	HE	AL	rH	AND	MENT	ΔI	HYGIE

0	7
8	REG. NO.

Dividion Rudale

) 3	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG	BIENE 8 7	10.	5 2	2 4	4 6
	DECEASED NAME FIRST	Marie 5.	RUTH	4	last Ruth	20. DATE OF DEATH	MONTH 1AY 1	DAY YEA 11, 193	7 26	HOUR
L	FEMALE	CARLOR.	SIAN	DATE	OF BIRTH  H DAY -1890	6. AGE IN YEARS LAST BE	5 YRS	MONTHS DA	NYS HO	URS MIN.
70	B. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware		104	MARRIE /IDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY			1	MD.
10	Hyattsville	(IF NOT IN SUC	HOSPITAL, NURSING P CHEACILITY, GIVE STREET ADDI 11 Manor		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemak	OF WORKING	LIFE) INDUST		ISINESS OR
1	SUAL RESIDENCE IN NURSING HOME OF 36 STATE 13b. COU	NTY	GIVE RESIDENCE BEFORE ADA 134. CITY OR TOWN Hyattsvil		136. INSIDECITY LIMITS? YES X NO	130. STREET ADDRESS 4922 LaS	alle	Rd./20	782	
*	FATHER'S NAME FIRST  John	WIDDLE	Sherlith		15. MOTHER'S MAIDEN NA/	Unknown			LAST	
L	NO WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	578-10-22	-	Paul A. Gat	ttie, 3121				rly, MD
	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  AS PIRAMINAN  190 DATE OF OPERATION	DUE TO, O	RAS A CONSEQUENCE  RAS A CONSEQUENCE  ONTRIBUTING TO DEA  WITH THE PROPERTY OF	E OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM		IVEN IN PAR		USED
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO		TIFYING CAU YES B PART I OR PART	N	DEATH?
	OR CONTRIBUTING CAUSE OF DI  LIFETHER NOTEY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P. PLACE	M.	YEAR 19	211 LOCATION STREET	CITY OR T	OWN	COUNTY		STATE
7	270. I certify that (1) (1th. hosping to a company) the deceased alive a abave, (1) (we) idid) (did not a company) the deceased alive a abave, (1) (we) idid) (did not a company) that a company the deceased alive a company that a co	n Not view the body  Actual  OR PRINTI  E SCHI	MY 11 19 87 OMER DECENTION AND WEDER MILE WEDER MILE	<del>D</del>	22e ADDRESS	MEDICAL STANDING OF THE CONTROL OF T	AFF CIAN [	110.0		
	(SPECERY) Burial FUNERAL DIRECTOR JOSEPH 5130 Wisconsin	5/14	/87 Ar:	ling	gton National				NATURE	STATE

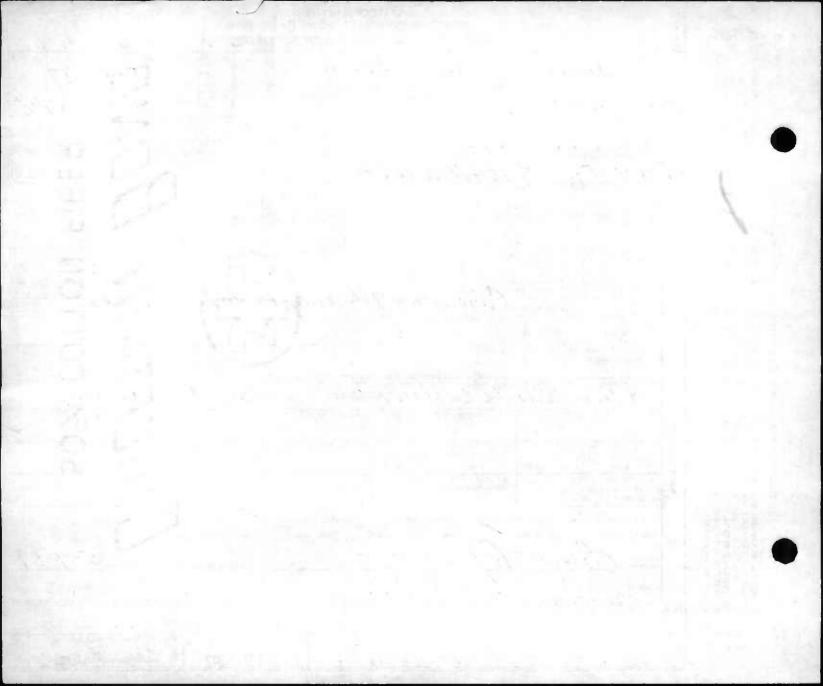
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urial (13/00), which the common transfer of t

		1.	FOR		D			MARYLAND H AND MENTAL	HYGIENE			
5332	5 11.Y		STATE REGISTRAR		MED	ICAL EXAM	AINER'S	CERTIFICATE	OF DESTH /	REG. NO	5 2	241
200	RS.		CEASED NAME E OR PRINTI	mes		A,	Sab	1 M	OF	KNOWN ESTI-	5-9	1987
PLEAS DIRECTOR	HOURS STREET,	3 SEX	Tale W	hile	DATE OF BIRTH		(IN YEARS IF UI SIRTHDAY) MON' YRS.		MIN PRONOU	NCED ,	5-9	19 8 7 45°
FCESSA INERAL	1	FC	RTHPLACE (STATE OR REIGN COUNTRY) Shington,		U.S.A.	AT COUNTRY?		RIED NEVER MAR	RIED &	ce Geo	-	OF DEATH MI
LAY IS POTHER			TY OR TOWN OF DE		NAME OF HOSP	TITAL, NURSING H	OME, OR OTHER	HER INSTITUTION	12a USUAL OCCU FOR MOST OF WO Laborer	PATION (TYPE RKING LIFE)	OF WORK 12b	KIND OF BUSINESS OR INDUSTRY Onstruction
ANY DE	385	13a S	A RESIDENCE (IF IN NE TATE ryland	136 COUNTY	George's	13c CITY OR TOV	WN	13d INSIDE CITY LIMITS? YES & NO	13e STREET ADDR 7504 Mar	tha St	207	47
ES AT	260	1	THER'S NAME FIRST Joseph		MIDDLE C.	Sabin		15. MOTHER'S MAID FIRST Margare	et '	E.		lulhall
ACTIMO	勝 /	16a. V (Y	VAS DECEASED EVER ES. NO, OR UNKNOWN) Yes	IN U.S. ARME (IF YES, GIVE WA WWII	ED FORCES? AR OR DATES)	577-36-3		Joseph C	. Sabin 13	812 S1 ockvil	oan St Ie, Md	
	CHEL MEDICAL EXAMINEX ALUNG E USED AS A BURIAL - TRANSIT PERM TOF HEALTH AND MENTAL HYGIENE URIAL, CREMATION, OR REMOVAL.	CERTIFICATION	Canditions, if gave rise to cause (a) stating lying cause lost  PART 2 OTHER SIGNIFICATION. DATE OF OPER.	immediate the under-	CAUSE TO DUE TO, OR A  (b)  DUE TO, OR A  (c)  NTRIBUTING JO DEATH BU		NCE OF E TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ARTIOSE (	Them	Men	AUTOPSY?
DIVISION OF VIT THIS CERTIFICATE SIM WRITING THE WOR	MAKINED TO THE CHIE PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PROR TO BUNK	MEDICAL CERTIF	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 214 INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DE RED	ATH P.M. 21e PLACE O	MONTH DAY	YEAR 9 ME. 21f LC	OW INJURY OCCURR	ED (ENTER NATURE OF IN		COUNTY	YES NO P
X EX	PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: A TERRITORY, WITH THE S B. THOUSE, MARYLAND,		death resulted from ACTUAL SIGNATUR  EXAMINER'S NAME (TYPE OR PRINT)	Augus	to P. Rod	Accident	Suicide M.D.	Hamicide Deputy  A.D. 5009 R	Undetermined m  MEDICAL EXAM	anner .	DATE SIGNED_	5-9-87
07/84 BP		В	urial, cremation, F urial		/12/87	Maryla	nd Vet	erans Cem.	23d LOCATION CITY OR LOWN Chelter			Maryland
	MH - 17 15 ME (5))	100	uneral director hame eorge P. K	alas Fi	ADDRESS	Oxon Hi			1 9 1007	AR 256 REGIS	STRAR'S SIGN	NATURE STATE



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(VRA 15, 4)

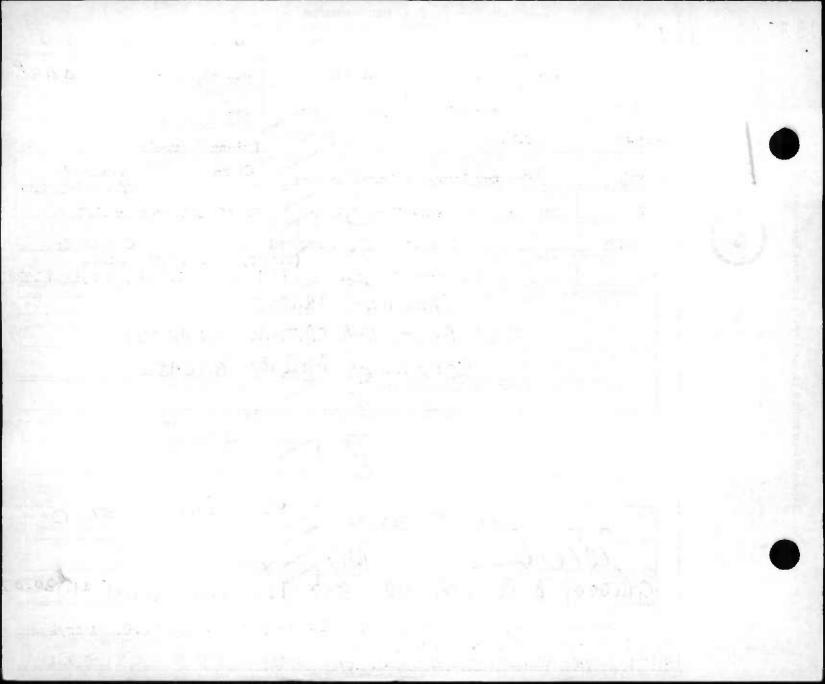
17- STATE

REGISTRAR

Burial

. DECEASED NAME TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH R. Salzman May 10, 1987 IF UNDER TYEAR BALTIMORE CITY OR COUNTY OF DEATH Prince George's 126 KIND OF BUSINESS OR CPEWOR FOR MOST OF WORKING LIFE Veteran's Administration 13e STREET ADDRESS / ZIP CODE 4914 49th Avenue 20781 Constantine 4974 49th Avenue Ruth M. Middleton Hyattsville, Maryland 20781 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARDIAL INFARCTION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN aurel M) 20707 Fort Lincoln Cemetery 05/12/87 Brentwood Maryland Francis Casch's Sons Funeral Home, P.A. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4739 Baltimore Avenue Hyattsville, Md. 20781



(VRA 15, 4)

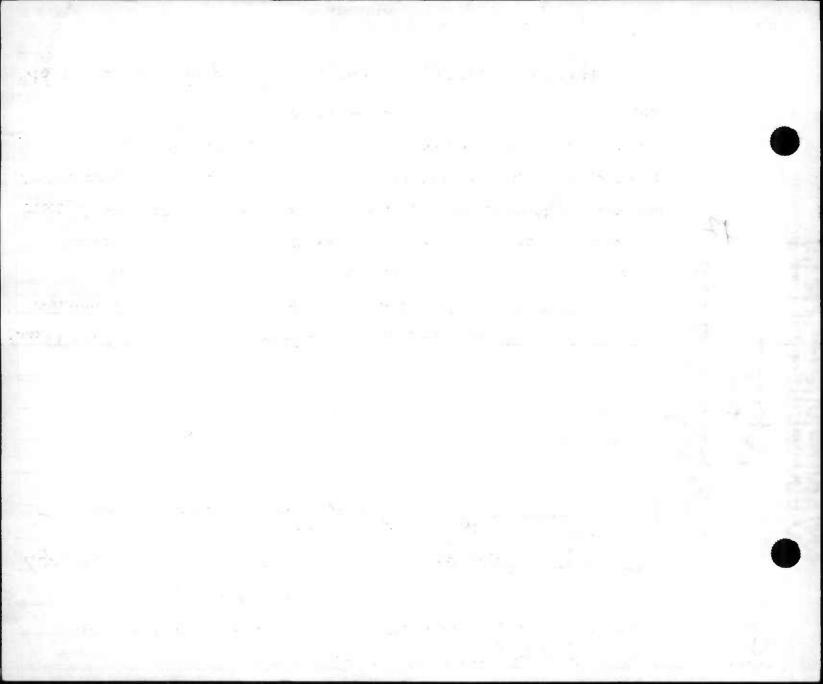
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George D. Sampson Pearl Andersor  We was decased ever in u.s. Armed forces?  We so collaboration in the sound for in the force only one course per line for iol, (b), and (c).  Part I. Death was Caused by  I. MAMEDIATE CAUSE (b)  Due to, Or as a consequence of course (b)  Due to, Or as a consequence of course (b)  Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 1 to the decased from the course of the decased from the decased from the decased from the decased from the decased on the dec	20716
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NO  If YES ONE WAR OR DATES)  578-26-7921 Marion P. Sampson, Same as 13  If CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse io), storing the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATI	
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OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)  P.M.  19  21a PLACE OF INJURY  17a HOME. STREET FACTORY, OFFICE, FARM. ETC.)  21b PLACE OF INJURY  17a HOME. STREET FACTORY, OFFICE, FARM. ETC.)  21c PLACE OF INJURY  21d NOTE WHITE  AT WORK  220. I certify that (I) (this hospital) oftended the deceased from  220. I certify that (I) (this hospital) oftended the deceased from  220. I certify that (I) (this hospital) oftended the deceased from  220. I certify that (I) (this hospital) oftended the deceased from  19  27. and that in (my) (auch opinion depth accurred on the date and hour and from the cause)	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)  P.M.  19  21d. INJURY  (AT HOME. STREET FACTORY, OFFICE, FARM. ETC.)  (AT HOME. STREET FACTORY, OFFICE, FARM. ETC.)  21d. INJURY  (AT HOME. STREET FACTORY, OFFICE, FARM. ETC.)  21d. INJURY  (AT HOME. STREET FACTORY, OFFICE, FARM. ETC.)  21d. INJURY  (AT HOME. STREET)  (AT HOME. STREET FACTORY, OFFICE, FARM. ETC.)  (AT HOME. STREET)  (AT HOME.	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  14d. OR ON THE UTING ALSO FEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  19  21d. INJURY OCCURRED  14d. OR ON THE UTING ALSO FEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  19  21d. INJURY OCCURRED  14d. OR ON THE UTING ALSO FEATH  (IT OR TOWN  COUNTY  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that  220.1 certify that (1) (thus bassatal) attended the deceased from 6 30 1983 to 52 1983 that	DEATH?
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sow the deceased alive on 3/20 19 87 and that in (my) (our) opinion death occurred on the date and hour and from the cause	6. 6. 31. 4
50 W THE deceased blive oil	
Obove the body offer death.	
226. SIGNATURE  DEGREE  270. DATE SIGN  ATTENDING MEDICAL STAFF  OF THE PROPERTY OF THE PROPER	ED
	187
22d PHYSICIAN'S NAME [TYPE OR PRINT] 22d ADDRESS 8630 Fenton Street	
PHYSICIAN DIRECTOR PHYSICIAN DIR	
23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	
Cremation May 27, 1987 Metropolitan Crematory Alexandria, Virginia	STATE
MH 16 60M 7/84 74 FUNERAL DIRECTOR Richard Rapp, Incomess	STATE

20010

P. O. Box 43352, Washington, DC



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prior to

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MPORTANT.

MEDICAL

certificate has been the burial-transit permit.

TO FUNERAL DIRECTOR: etained by the haspital

BP

ould be detached the State Dept.

FOR 1 3 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 nen

Own Home

:30 P

IF UNDER 24 HRS

REGISTRAR			CERTIF	ICATE OF DEAT	TH	0	REG. NO.	0	En
DECEASED NAME FIRST		AIGDLE	ı	AST		20. DATE OF	DEATH MONTH	QAY	YEAR
Willie	Ga	rber	SAUER	WEIN	2	May,12	, 1987		
SEX	4. RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHOAY)		DER I YEAR
Female	White	2	Jul	y 29, 1	897		89 YRS	MONT	HS DAYS
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTS	8 :XY?	D NEVER MARR	NED [	9 BALTIMOR	E CITY OR COUN	TY OF	DEATH
ayton, Va	USA		WIDOWE	DIVOR	CED [	Prin	ce Georg	e's	
CITY OR TOWN OF DEATH				OR OTHER INSTITUT	ION	120 USUAL O			26 KIND OF
Lanham	Doctors	Hospi	tal of	Pr. Geo.	Co.		ewife .		Own 1
30 STATE 13b. COU		GIVE RESIDENCE BE		1 134 INSIDE CITY LI	IMITS?		DDRESS / ZIP CC	DE	2
Maryland Pr	Geo	Upper	Marlb	OVESO NO			Marlbo		Pike
FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MA					
William	MIDDLE	Garbe:	r	Eliza	beth		WIDDIE	Sh	reve
WAS DECEASED EVER IN U.S. A		16b. SOCIAL SI	CURITY NO.	17 INFORMANT			ADDRESS		
(1F YES, G	VE WAR OR DATES)	216 4	0 8933	Jeanne	Mye	rs	Same	as	#13
18 CAUSE OF DEATH (Enter of		line for (a), (b),	and ici.i						BETWEEN
PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)		Carle	anst					10 m
	DUE TO, OI	AS A CONSE		1 0	A 1				10 V
Canditions, if any, which gave rise to immediate	(b)_	1h	ypulul	- bdenl	Har	ue au	Jayr		10 1
cause (a), stating the underlying cause last.	DUE TO, OI	AS A CONSE	DUENCE OF				1 0		10 1
onderlying couse lost.	(- (c)		alund	arl Arm	40 Sc.	lese	1		10
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING 1	O DEATH BUT	NOT RELATED TO T	THE TERMI	INAL DISEASE	OR CONDITION (	SIVEN I	V PART 110

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

200 AUTOPSY NOT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY

YEAR 211 LOCATION

CITY OR TOWN

COUNTY STATE

220.1 certify that (I) (this haspitely attended the deceased fram saw the deceased alive on SILV above. (I) (we) (did not) view the body after death.

and that in (my) (aur) apinian death occurred on the date and have and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Cremation

22b. SIGNATHE

23b. DATE 15May1987 231. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

23d LOCATION Suitland

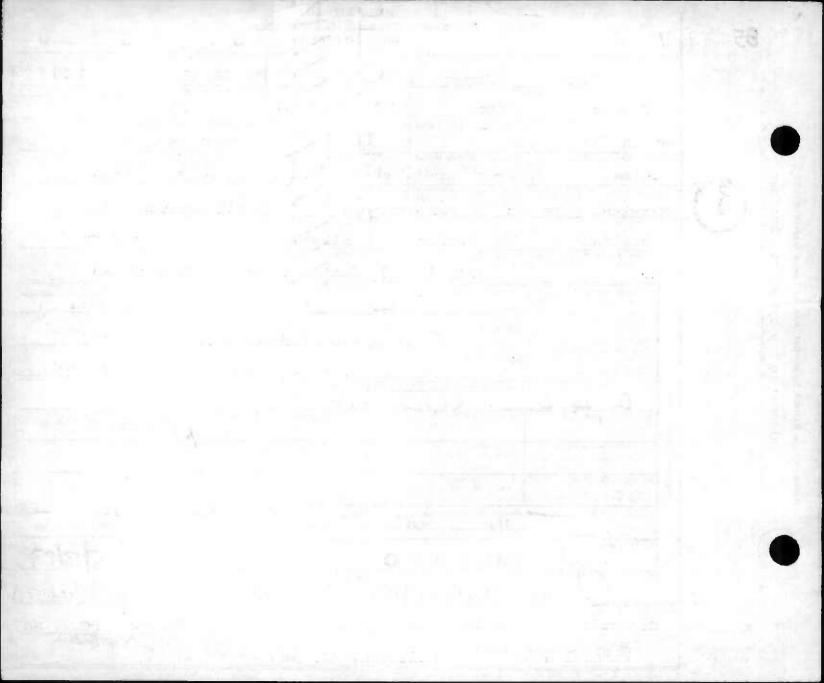
PG MD

DHMH - 16 60M 7/84 (VRA 15, 4)

AMRODERT E Wilhelm Funeral Home

Suitland, Md.

DATE REC'D BY REGISTRAR 25% REGISTRAR'S SIGNALLES



remave carbanpapers. Pages

injury, ar ather traumatic event,

1			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TREG. NO.	5 2 5 1
	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
I	1 SEX Harry	4. RACE	Scages Is pare of Birth	[v]J	.0 1987 11:49 <sup>t</sup>
	MA1E	Caucasian	Jan 1 1902		FUNDER LYEAR IF UNDER 24 HRS
1	To BIRTHPLACE (STATE OR FOREIGN Laurel, Md.	76. CITIZEN OF WHAT COUNTRY? USA.	MARRIED NEVER MARRIED XX	9. BALTIMORE CITY OR COUNTY OF Prince Georges	
	Laurel	<b>0</b> –	ADDRESS  Belstville Hospita	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
		OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN	N 134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 1005 Montgomer	y Str.20707
	James	A. Scagg	15. MOTHER'S MAIDEN NAMERS, Sr. Annie	MIDDLE	Beal1
		E WAR OR DATES)	0765 Hazel Kidw	ADDRESS  ell same as 1	3e
ľ	PART I. DE ATH WAS CAUSED	ly one couse per line for (a), (b), and		ta 'lune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, it ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Bron wy enic	Carcinoma	
	couse (a), stating the underlying cause last	DUE TO, OR AS A SONSEQUE	NCE OF		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	<u>BEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. IN JURY OCCURRED		Y YEAR 19 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı	220 Legetify that (I) (this basnit	nl) attended the decensed from	05/04 1087	DS/18	37

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval IMPORTANT: If them 21 is marked at them retained by the haspital ar 22d. PHYSICIAN'S NAME (TYPE OR P 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

22b. SIGNATURE

236 5/15/87

sow the deceased alive on 05 ho above, (I) (we) (did) (did not) view the body after death

130 NAME OF CEMETERY OR CREMATORY IVY Hill Cemetery

7610

DEGREE

Lauren

CARROLLAVE, TAKOMA

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

P GVI Md STATE

221. DATE SIGNED

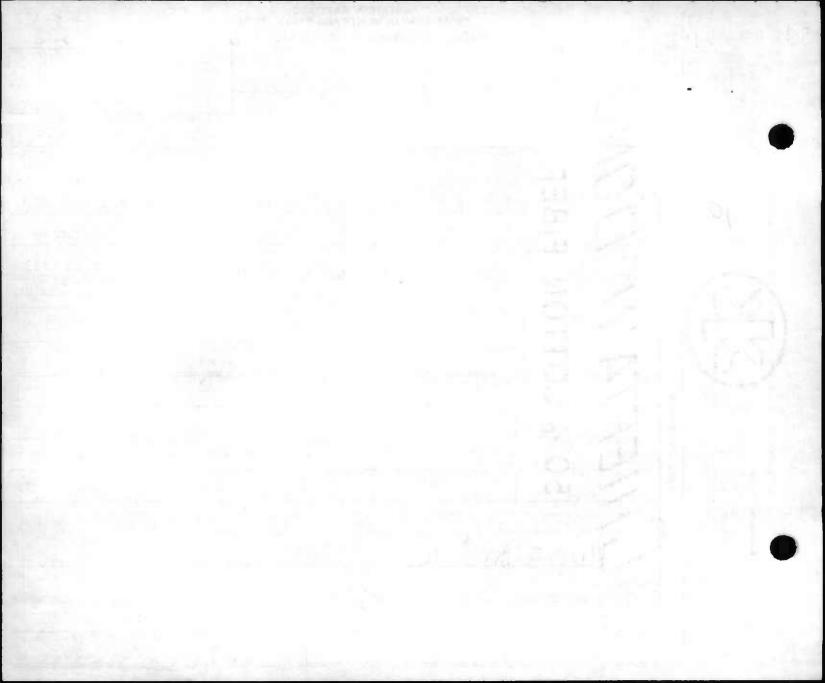
FUNERAL DIRECTOR 7601 Sandy Spring Road 750 DATE REC Fleck Funeral Home, Inc. Laurel, Md. 20707 250 DATE REC'D, BY REGIS BY

KARIM

25h. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 53033 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-HE FUNEKAL DIRECTOR.
GE 5 FOR YOUR FILES.
ED WITHIN 72 HOURS THOMAS MATITITW SCHOFIELD, JR. 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR DATE PRONOLINCED Male Cauc 9-24-1967 19 DEAD 5-5-87 12:42a 19 LOUNTRY BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington US Prince George's County WIDOWED DIVORCED TITE KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Driver OR INDUSTRY Delivery 10500 blk.Cedarville Rd. Brandywine Waldorf 134 INSIDE CITY LIMITS? 311 Tompkins Lane/20601 COUNTY Maryland Charles YES [ A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas William Dorothy Ann Cooksey Schöfield SR FORM P 17 INFORMANT IAN SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? G WITH FOR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES I AFIER DEATH, WITH THE SITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARTMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. ( HE YES GIVE WAR OR DATES) 219-96-3765 Dorothy A. Tippett same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 71n EXTERNAL CAUSE WAS 716 TIME OF INJURY UNDERLYING OR 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION WHILE AT WORK AT WORK STREET FACTORY FARM FTC STREET CITY OF TOWN 10500 blk. Cedarville Rd. Brandywine, Md. 22e I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Accident X Homicide death resulted from: Notural couses Undetermined manner TITLE (SPECIFY) MDAssistant 5-5-87 Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Waldorf Mad Charles 5-8-87 Burial Trinity Memorial 07:84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE ADDRESS . Box 156 0. **DHMH - 17** Funeral Home (VR A15 ME (5) Devidson Kand Waldorf, Md.

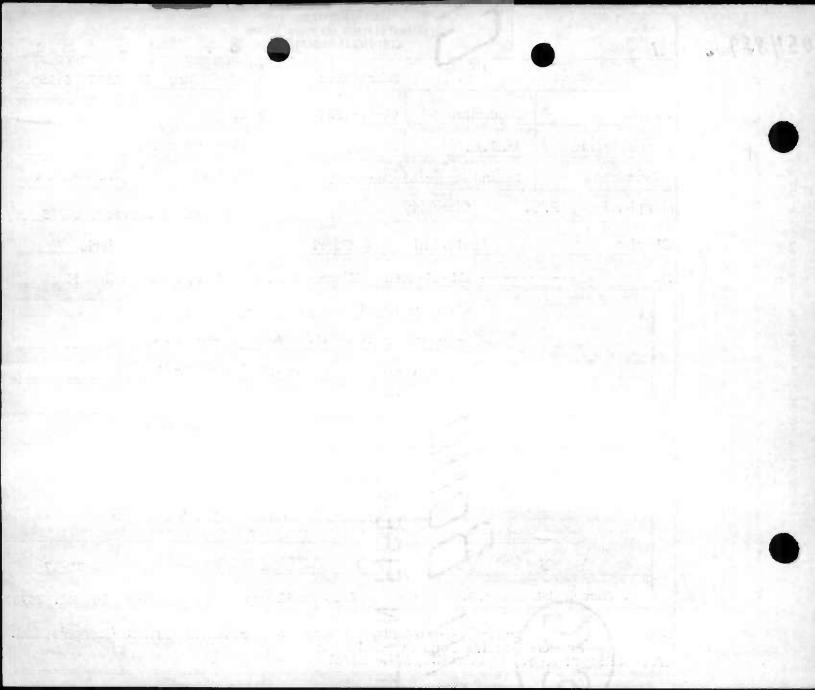


## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

137	STATE REGISTRAN			DEF	CERTIF	ICATE OF DEAT	Hand I	8 7 REG. N	0.	5 2	5 3
	CASED NAME Gra	ace	Н	elen H.	Schr	effler		20. DATE OF DEATH		, 1987	6:35p M
1. SEX		1	RACE		5 DATE O		EAR	6. AGE IN YEARS LAST BI		F UNDER I YEAR	IF UNDER 24 HRS
Fer	male		Caucas	ian	04-1	7-1920		67	YRS		
	STHPLACE ISSUEDAN	cseion 7	b. CITIZEN OF		TRY? 8	D NEVER MARRI	ED 🗆	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
Pe	nnsylvania		U.S.A		WIDOWE	DIVORC	ED 🗍	Prince Geo			MD.
Ri	verdale		Leland	Memor	ial Hos	pital	ON	Waitress	ION DEWORKING LIFE	12b. KIND C INDUSTRY Rest:	aurant
14.5	L RESIDENCE (IF NURSI	P.C	OTHER INSTITUTION TY	CHEVE	TOLLIN !	136. INSIDE CITY LIV YES X NO		13e STREET ADDRESS 5905 Medic			20785
118.576	arles	м	LO	ocki nb		Pearl Pearl		WIDDIE		Maris	st
	/AS DECËASED EVER		NED FORCES? WAR OR DATES)	166 SOCIAL 220-60	SECURITY NO.	Thomas	(Soi	n) ADDR chreffler, S		as line	13
NO	Conditions, if ony, gove rise to imm cause 101, stating underlying cause	nediote g the last	DUE TO, OF	RASA CONS	EQUENCE OF HEMIC	CA (2)	i m	FAIL UNAL DISEASE OR COM	LAE HY IDITION GIV	EN IN PART I	la.
CERTIFICATION	190 DATE OF OPERAT	TION	19h CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES S	
	210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR		OCCURR	ED (ENTER NATURE OF IN)	IRY IN ITEM 18 P	ART T OR PART 2)	
MEDICAL	21d. INJURY OCCURR	SILE	(AT HOME, STE		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE
	220 I certify that (I) saw the decease above, (I) (we) (d	ed alive an_	5 2			nd that in (my) (aur)		leath occurred on the c	ate and hav		that (1) (we) last causes stated
	226 SIGNATURE	an	hung		M	DEGREE ATTEN		MEDICAL STA			21-87
	22d PHYSICIAN'S NA	AME ITYPE OR	PRINT			22e ADDRESS		Marian			
Su.	K. Josep	h Mat	hew, M.	D.	THE STATE OF	6510 Ken	ilwo	rth Avenue	, Rive	rdale,	Md. 20737
23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE		230 NAME OF C	EMETERY OR CREM		23d LOCATION	5-1-1	COUNTY	STATE
Bu	rial		5-26-8	37	Washing	gton Natio	nal	Suitland.		e Geor	ge's, Md.
24 Ft	UNERAL DIRECTOR F 39 Baltimor	rancis e Ave	Gasch ., Hya	s Son ttsville	s Funera	al Home	MATE AND ATE	Y 2 8 1987	25h REGIST	RAR'S SIGNA	THRE Kindale

DHMH - 16 50M 4/83 (VRA 15, 4)



053422 MAY 14 PFOR REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. the funeral director, page 3 within 72 hours ofter death

3 SE)	AI.	thony	J.	Schr	oeder	20. DATE OF DEATH  Ma		
	Х	4_ F	ACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
	Male		Caucasian		uaru 7.1908	79	YRS MONTHS 0	AYS HOURS MIN.
Ju. Bl	IRTHPLACE ISTATE OR F	OREIGN A 76	CITIZEN OF WHAT COUNTRY	? 8	3,	BALTIMORE CITY O		1
	Missouri		u.s.A.	WIDOWE	D NEVER MARRIED DIVORCED	Prince Geo	orge's	ME
Ri	ity or town of DE Lverdale		NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Leland Memoria	1 Hosp		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Printer	F WORKING LIFE) INDUST	reau of E
) 1	Widt.	136 COUNTY	er institution, give residence before the state of the st	Spring		10405 TABBO	d Ave. 2	0902
	John Tohn	MIDO	schri	oeder	Caroline	MIDDLE	L	eabbers
	WAS DECEASED EVER	IN U.S. ARMET		URITY NO.	17 INFORMANT	ADDRE	SS	
	No	(IF TES, GIVE WA	352-10-	1115	Rita F. Shoema	box daught	oh samo as	#13
		H (Enter only o	ne couse per line for (o), (b), or	nd (c).ii	Respirate	0 .		POXIMATE INTERVAL SEN ONSET AND DEATH
	PART 2. OTHER SIGI	NIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	T1(a
FICATION	19a. DATE OF OPERA	TION	196 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?
RTIFICATION				H OPERATION		YES NOTE	IN CERTIFYING CAU	SES OF DEATH?
TAL CERTIFICATION	190. DATE OF OPERA	OERLYING CAUSE OF DEATH	21b. TIME OF INJURY	AY YEAR	N WAS PERFORMED	YES NOTE	IN CERTIFYING CAU	SES OF DEATH?
MEDICAL CERTIFICATION	216. ACCIDENT WAS UN	OERLYING CAUSE OF DEATH CAL EXAMINER) RED	216. TIME OF INJURY HOUR A.M. MONTH D	OAY YEAR		YES NOTE	IN CERTIFYING CAU YES  YES  YEN ITEM 18, PART 1 OR PART	SES OF DEATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE  AT WORK  AT WOR	OERLYING CAUSE OF DEATH CAL EXAMINER) RED WHILE CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended, the deceosed from	OAY YEAR	216, HOW INJURY OCCURRE	YES NOTE  OF HUUR	IN CERTIFYING CAU YES  YES  YEN ITEM 18, PART 1 OR PART	SES OF DEATH? NO  2] STATE
	21a, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH CAL EXAMINER) RED  (this haspital) ed olive on	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended, the deceosed from	PAY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURRE 216. LOCATION STREET	YES NOTE  NOTE  OF INJUR  CITY OR TOW	IN CERTIFYING CAU YES   YIN ITEM 18, PART 1 OR PART  O 19 37 7	SES OF DEATH? NO   21  STATE , that (I) (we) last
	21a, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH CAL EXAMINER) RED  (this haspital) ed olive on	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended, the deceosed from The place of the deceosed from the d	PAY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURRE  216. LOCATION STREET  19 d that in (my) (aur) opinion di  DEGREE  ATTENDING	YES NOW NOTE OF INJURE OF	IN CERTIFYING CAU YES  YIN ITEM 18, PART 1 OR PART OUNTY 19 37 2 Ote and haur and from 172c. De	SES OF DEATH? NO   STATE  ., that (1) (we) last the couses stated ATE SIGNED
	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE NOT WAT WORK AT WO 220. I certify that (1) saw the deceas above_mi) (we);	CAUSE OF DEATH ALE EXAMINER)  RED  HILE  (this haspital)  ed alive on  did) (did not) vi	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended, the deceosed from F19197119 ew the body after death.	PARM, ETC.)	216. HOW INJURY OCCURRE  216. LOCATION STREET  19 d that in (my) (aur) opinion di  DEGREE  ATTENDING	YES NOW  OF TOWN  CITY OF TOWN  OF TOWN	IN CERTIFYING CAU YES  YIN ITEM 18, PART 1 OR PART OUNTY 19 37 2 Ote and haur and from 172c. De	SES OF DEATH? NO   STATE  that (I) (we) last the couses stated
	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE NOT WAT WORK AT WO 22a.l certify that (1) saw the deceas abave (1) (we) (1) 27b. SIGNATURE	OFREYING CAUSE OF DEATH ALEXAMINER)  RED  HILE (this haspital)  did (did not) vi  AME (TYPE OR PRIII	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  attended the deceosed from ETATED with body after death.  THE STATES AND MANUAL MANU	PARM, ETC.)	216. HOW INJURY OCCURRE 216. LOCATION STREET  2 5 7 19 d that in (my) (aur) opinion de DEGREE ATTENDING PHYSICIAN X	YES NOW  OF THE PROPERTY OF THE PROPERTY OF TOWN  OF THE PROPERTY OF THE PROPE	IN CERTIFYING CAU YES  YIN ITEM 18, PART 1 OR PART OUNTY  O 19 37  Ote and haur and from  \$ 27c. Do  \$ 1AN   55	SES OF DEATH? NO
WEDICAL 230. 8	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE AT WO AT WORK AT W 220. I certify that (I) saw the deceas above (I) (we) ( 220. SIGNATURE) 220. SIGNATURE	OFREYING CAUSE OF DEATH ALEXAMINER)  RED  HILE CAUSE OF DEATH AND CAUS	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended the deceosed from F1919719  w the body after death.	FARM, ETC.)	216, HOW INJURY OCCURRE 216, LOCATION STREET  2 5 7 19 d that in (my) (aur) opinion de DEGREE ATTENDING PHYSICIAN	YES NOW  OF THE PROPERTY OF THE PROPERTY OF TOWN  OF THE PROPERTY OF THE PROPE	IN CERTIFYING CAU YES  YIN ITEM 18, PART 1 OR PART OUNTY  O 19 37  Ote and haur and from  \$ 27c. Do  \$ 1AN   55	SES OF DEATH? NO
WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	210. ACCIDENT WAS UN OR CONTRIBUTING   UF EITHER, NOTHY MEDIC 21d INJURY OCCUR WHILE NOT WAT WO AT WORK AT WE 270. I certify that (1) saw the decase above—1) (we) (0 270. SIGNATURE )  77d. PHYSICIAN'S N. Gita Sha BURIAL CREMATION, PRECIFY]  ENTIAL	OFREYING CAUSE OF DEATH ALEXAMINER)  RED  CHIEF CAUSE OF DEATH ALEXAMINER  CHIEF CAUSE  CHIEF CAUSE  CHIEF CAUSE  CHIEF CAUSE  CHIEF CAUSE  CHIEF CAUSE  CAMPE (TYPE OR PRIII  CHIEF CAUSE  CAUSE  REMOVAL 2	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, attended the deceosed from F1919719  w the body after death.	FARM, ETC.)  PARM, ETC.)  PARM, ETC.)  PARM, ETC.)  PARM, ETC.)  PARM, ETC.)	216. HOW INJURY OCCURRED  217. HOW INJURY OCCURRED  218. LOCATION  218. LOCATION  218. LOCATION  219. HOW INJURY OCCURRED  219. HOW INJURY OCCURRED	YES NOW  NOW  CITY OR TOW  CITY OR TOW  CITY OR TOW  NEDICAL STAF  DIRECTOR PHYSIC  Bowie Road  23d LOCATION CITY OR TOWN	IN CERTIFYING CAU YES  VIN ITEM 18, PART I OR PART OF COUNTY  OF 19 37 2  Of early have and have ond from In 176. Do In 18 2  Of Laurel,  On Mont	SES OF DEATH? NO   21  STATE  that (I) (we) last the couses stated ATE SIGNED -11-87  Md. 20708

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BP. DHMH - 16 60M 7/73 (VRA 15 (4))

retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING

TO FUNE IAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled the detached for use as the burial-transit permit. Then please remove carbon papers. Pager and a hould be min the first Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

53797 111

9	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	1 5	dia.	5 :	3
		CEASED NAME FIRST	A	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
		SUSIE	Μ.	SCHROEDER		mai	18 19	187	94	AM
	3. SE)	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS	R I YEAR	IF UNDER	24 HRS
	0/	emale	Cauc	usian Jan	16 1883	104	YRS.	DATS	HOURS	portra,
/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		9 BALTIMORE CITY O	R COUNTY OF DE	ATH		
		ississippi	U.S.A	• WIDOW	EDXX DIVORCED	Prince Ge	orge's			MD.
X	10. CI	TY OF TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSINGAHOME	OR OTHER INSTITUTION	17a USUAL OCCUPATI		KIND OF	BUSINE	SS OR
7	A	anham		lia Gardens N		Housewife		vn H	ome	
5	13e. S	STATE 136 COUN		13c. CITY OR TOWN Laurel	13d INSIDE CITY LIMITS? YES NO	9640-G Ho		Crt.	, 20	707
1	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST		
0	Hu	umphrey		lillsaps	T IN ST	UNAV	AILABLE			
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS			
1	No		E WAR OR DATES)	213-56-1890	Mrs. Susan	Lee, Same a	as line #1	3		
	NC	18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (o)  DUE TO, OF  (b)  DUE TO, OF	RAS A CONSEQUENCE OF	Ensuffice T NOT RELATED TO THE TERM	AINAL DISEASE OR CON			WATE INTER	DEATH
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERI	FINDIN	GS USED OF DEAT	H?
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR			PART 7)	NO L	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY SEET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	UNTY	51	TATE
		22e.I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	MAY	9 87 0	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	F 22			
1		224 PHYSICIAN'S NAME (TYPEO	R PRINT)	4	22e ADDRESS		e, Md. 2	0737	0	
		Roger B. Ing	ham, M.	D.	6510 Kenily	orth Ave.,	Suite 7	0/5/		

23c. NAME OF CEMETERY OR CREMATORY

| 5-11-87 | Ft. Lincoln Cemetery | FRANCIS GASCH'S SONS FUNERAL HOME, P.A. MAN

4739 Baltimore Avenue, Hyattsville, Maryland

tery Brentwood, P.G., Maryland

1250. DATE REC'D. BY REGISTRAR 1350 BEGISTBAR'S SIGNATURE

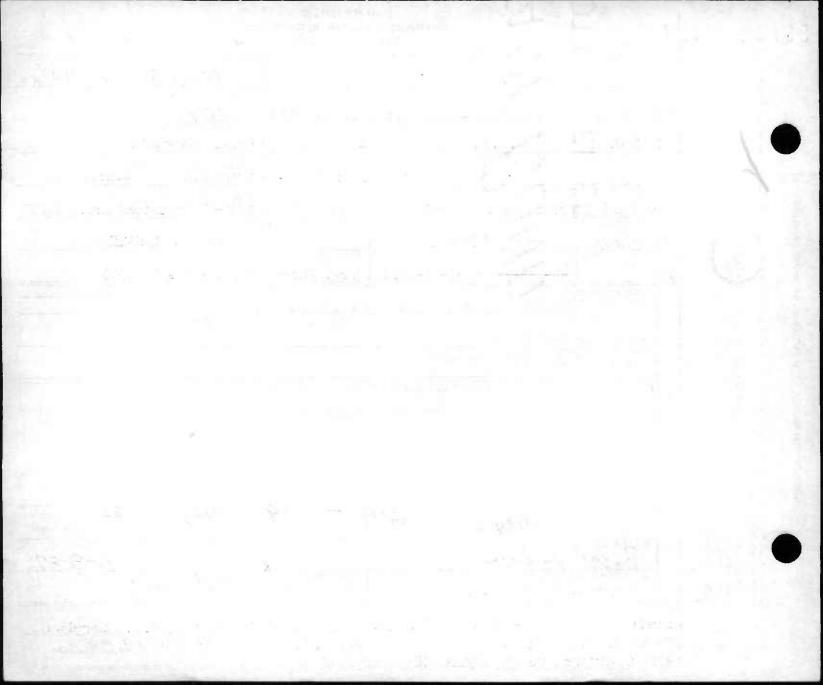
MAY 18 1987 Julia Dender Lander

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL

Burial



0525

the funeral director, page 3 within 72 haurs ofter death

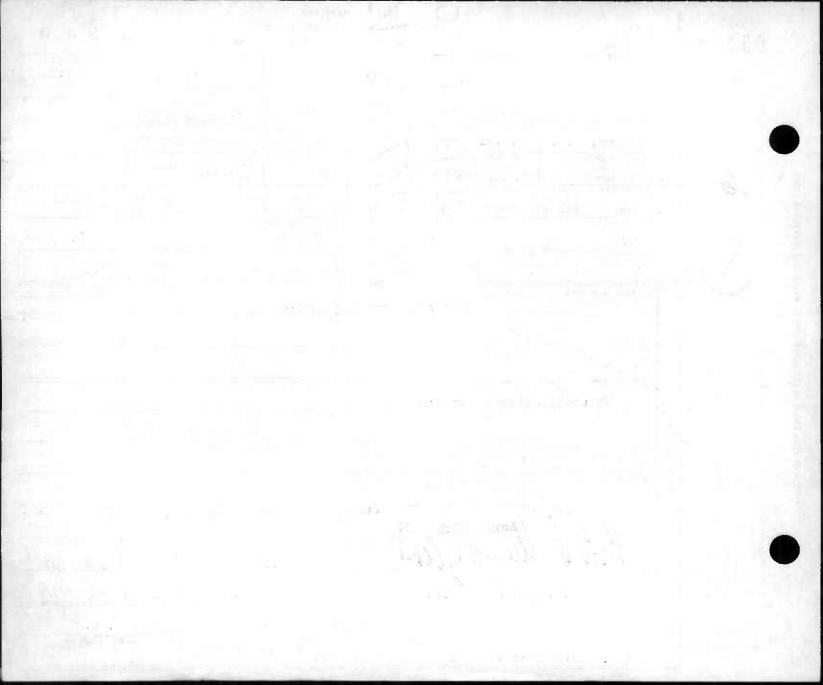
		FOR	ACDADTA		OF MARYLAND	rair		100
-	0	- STATE	VEFARIA		CATE OF DEATH	0 /	5	5 0
1	0	I DECEASED NAME FIRST	MIDDLE	LA	ST	REG. NO		20 11004
		(TYPE OR PRINT) Ida	С.	Sch	uler	May	3, 1987	1:28 P <sub>M</sub>
		3 SEX	4 RACE	5. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	
		Female	Caucasian		1 27. 1892	95	YRS	S HOURS MIN.
one of	7	70 BIRTHPLACE (STATE OR FOREIGN Washington, D.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED	Prince Ge	orge's	MD.
No separate	ク	10 CITY OR TOWN OF DEATH Ft. Washington	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A FT. Washington R	IG HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATE (Type of work for most o Housewife		OF BUSINESS OR
on Miles	5	MUSUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COUI Maryland Princ	e George Temple	N. I	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4226 - 23	ZIP CODE 3rd Parkway	20748
	0	14 FATHER'S NAME  Karl	MIDDLE Egolf	37	IS MOTHER'S MAIDEN NAM Katherine			ëitz
1	1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GP	MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 577-01-63		17 INFORMANT Anita Donald	son Temple	23rd Parkw Hills, Mar	ay yland
A.	1	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and	d (c).)				OXIMATE INTERVAL EN ONSET AND DEATH
event		PART I. DEATH WAS CAUSE	TE CAUSE (o) Ischemi	c Card	diomyopathy			
otic			DUE TO, OR AS A CONSEQUE	NCE OF				
moo		Conditions, if any, which gave rise to immediate	(16)					
ony injury, ar other traumatic		couse (0), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF				
oro,			( (c)CONTRIBUTING TO D	DE ATH BUT A	HOT BELLATED TO THE TERMS	La picture on coal		
njory		Decubity/	Atherosclerosis	DEATH BUT I	OF RECATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART	118
Sony i	2	Decubity/ 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
IMPORTANT: If them 21 is morked of Irem (8shows	7			AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	1)
ked or It		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TOU			%I) oftended the deceosed from_		ine 19 1980			_, that (l) (XX lost
21 is		sow the deceated alive or above. (1) (we light) (did no	April 17th 19	87 one	d that in (my) (Sur) opinion de	eoth occurred on the do	ate and hour and from t	he couses stated
T: If hem		226. SIGNATURE	Muffelle		ATTENDING PHYSICIAN XX	MEDICAL STAF	FF	TE SIGNED 4/1987
ZY-		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			77.2707
POR		Victor S. Ch	nupkovich, M.D.		3710 Riviera	St. Temple	Hills, Md.	20748
\$		230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CE	METERY OR CREMATORY	23d LOCATION	LONNIA	STATE
- ,		Burial			Hill Cemeter	y Washi	ngton, D. C	•
7/8	4	24 FUNERAL DIRECTOR			n Hill Rd250 DATE	REC'D. BY REGISTRAR	PAREGISTRANIS SIGN	ATURE
)		George P. Kalas	uneral Home Ux	con Hi	11, Md. MAY	2 100		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Then please remove carbonpal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remove

retained by the hospital or attending physician.

BP.



	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO	1 7	ŝ 2 :	š /
1 1		DB 000 11	13 14 N		IDDIE		NRTZ	20. DATE OF DÉATH	5 - 6	- 87	12.34 PM
	3. SE	×	4. R	ACE ~				6. AGE (IN YEARS LAST BIRT	A	FUNDER I YEAR	IF UNDER 24 HRS
7		RTHPLACE (STATE OR FORER COUNTRY)  ew Jersey	GN 7b. (						COUNTY		MD.
4		LA4REL	11.	NAME OF H	OSPITAL, NURSIN	ADDRESS!	ROTHER INSTITUTION			INDUSTRY	1 ~
5	130. 5	TATE 13b.	COUNTY	ER INSTITUTION C	13c. CITY OR TOW	ADMISSION)		138 STREET ADDRESS / 9005 Mon	zip cope tpel:	ier Dr	20708
2		THER'S NAME FIRST	MIDD	el E	Schwai	rtz	15. MOTHER'S MAIDEN NAM	WIDDLE			
1	- (			R OR DATES)			Margaret S 9005 Montp			el Md	20708
Milesans		PART I. DEATH WAS O	CAUSED BY	AUSE (o)	AS A CONSEQUE	ENCE OF					MATE INTERVAL DISET AND DEATH
		gave rise to immedicate (a), stating	ote the	DUE TO, OR							
	NOI	PART 2 OTHER SIGNIFIC	CANT CON	iditions <u>co</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVI	EN IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	٦	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NOT	IN CERTIF	YING CAUSES	
9	-	OR CONTRIBUTING CAUSE	E OF DEATH	HOUR A.M	A. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK				ARM ETC }	211 LOCATION STREET	CITY OF TOV	VN	COUNTY	STATE
		sow the deceased a above, (I) (we) (did) (	live on	5-5	- 198			death occurred on the do	te and hour		
		276 SIGNATURE	APPLACE (SLATE ON FORCE)  APPLACE ON FORCE (SLATE ON FORCE)  APPLACE (								
1		22d. PHYSICIAN'S NAME	[TYPE OR PRI	NT)			220 ADDRESS	1 , 1	1 1		1 ~ 2

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbampapers. Pages with the State Dept. of Health and Mental Hygene prior to burial, cremations or removal. MPORTANT: If Nem 21 is marked as Nem 18 shall are injury, as other traumatic event, the

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 5/8/8

14 FUNE ALDIES TO PUNE THE CK
FUNE THE CK
FUNE THE CK
FUNE THE CK
FUNE THE CK
TO STATE THE CK 5/8/87 B W Crematory

MAHMOUDULLAH BAIG

236. DATE

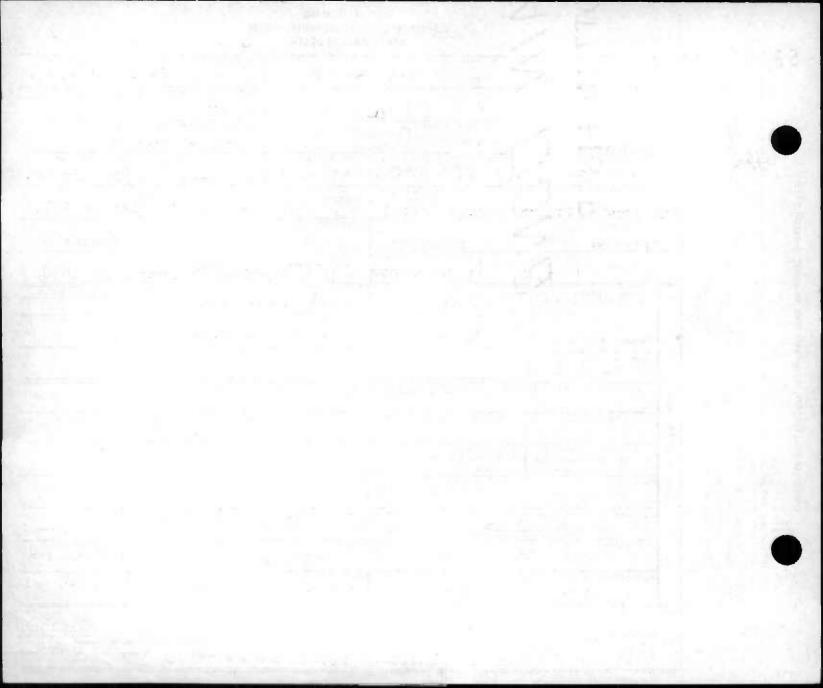
23¢ NAME OF CEMETERY OR CREMATORY

Inchess Rd Laurel Md 20707

236 LOCATION CITY OR TOWN Laurel

Maryland PG

MAY 1 3 1987 STATE DESTRUCTION OF THE PROPERTY OF THE PROPERTY



ATTENDING PHYSICIAN The for

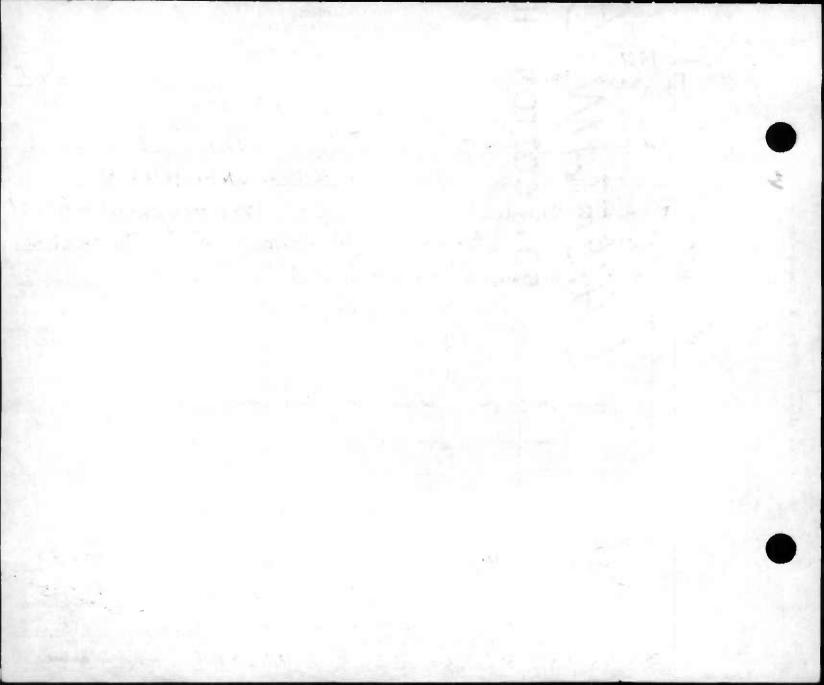
TO HOSPITAL OR ATTENDED TO THE HOSPITAL OF

053552

### STATE OF MARYLAND

1	STATE		NT OF HEALTH AND MENTAL HYG	(A) (2)	( ) In ()
100	REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	2 6 2 0
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TIANE	Louise Sessio	2 M		4.	22.87 5-16
1.380		4 RACE	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
13	F	B	act 24 1919	5 8 YRS	MONTHS DATS HOURS
70 BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	7	9 BALTIMORE CITY OR COUNT	Y OF DEATH
V	u 9/11/4	11 11 11	MARRIED NEVER MARRIED WIDOWED DIVORCED	PLINCE 6	FUNGES C
-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
1	CHINTON	(IF NOT IN SUCH FACILITY, GIVE STREET ADI	MESSIAND HOSPITHIC	TYPE OF WORK FOR MOST OF WORKING I	NONE
	AL RESIDENCE (IF NURSING HE ALCO	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION)		310010
	1	an les list city or town	13d. INSIDE CITY LIMITS?	780 HOLLY	00 1 1 200
JA 31	THER'S NAME		15. MOTHER'S MAIDEN NA		ec KI.
$\mathbb{N}$	PIRST	MIDDLE Creek	Martha	MADLE	Jackson
100	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURI	TV NIC 17 JNIE OBAAANT .	4 ADDRESS	JACK GO.
100	- 1 / 1 / -	E WAR OR DATES) 229-26-1	11 an David Se		
			804 180 HOII	y Lee hA.	APPROXIMATE INTERV. BETWEEN ONSET AND DI
	PART I. DE ATH WAS CAUSE		lmonary Arrest		BETWEEN ONSET AND DI
	IMMEDIAT	E CAUSE (a)	andrew 11.000		
	Constant of the same	DUE TO, OR AS A CONSEQUEN	CE OF		
	Canditians, if any, which gave rise to immediate	(b) Sapsis			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN			
	PART 2 OTHER SIGNIFICANT C	10	ATH BUT NOT RELATED TO THE TERM	MALDISTASS OR CONDITION OF	VENT IN DARK 1
N N		1.0		Jascular Coage	
E E	190. DATE OF OPERATION	196 CONDITION FOR WHICH O		20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
E P					FYING CAUSES OF DEATH
SE SE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
AL	OR CONTRIBUTING CAUSE OF DEA		YEAR		
	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	211 LOCATION		
ă		(AT HOME STREET, FACTORY OFFICE, FARA	M. ETC ) STREET	CITY OR TOWN	COUNTY STA
MEDIC	NOT WHILE	The second second	/		
MEDIC	AT WORK	tall attended the deceased from	4/12 10 87	4/22	10 S ) that its fue
MEDIC	220 I certify that (I) (this haspit	tal) attended the deceased fram	, and that in (my) (aur) apinion of	to 4/22 death accurred an the date and ha	,
MEDIC	220 I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did no			to 4/29. death accurred an the date and ho	ur and fram the causes state
MEDIC	220 I certify that (I) (this haspit		DEGREE ATTENDING _	medical STAFF	
MEDIC	220 I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did no	1) view the body after death	DEGREE ATTENDING _	MEDICAL STAFF	22c. DATE SIGNED
MEDIC	22e I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did nai 22b. SIGN office	1) view the body after death	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	
	22e I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did nai 22b. SIGN office	1) view the body after death.  R PRINT!  HAYE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED
	220 I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did nai 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE O	1) view the body after death.  R PRINT!  HAYE	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  913/10 CALAN  ME OF CEMETERY OR CREMATORY	MEDICAL STAFF POIRECTOR   PHYSICIAN	22c. DATE SIGNED
23 <b>c</b> . 8	226 I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did nai 226. SIGN A TURE 224 PHYSICIAN'S NAME (TYPE O WALT)  URIAL, CREMATION, REMOVAL	1) view the body after death 19 R PRINT! HAYE  231 127/87 B.	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  913/10 CAMADOR  ME OF CEMETERY OR CREMATORY  2thel Cumate	MEDICAL STAFF POIRECTOR   PHYSICIAN	222. DATE SIGNED 422 87  Md 20735  COUNTY U.G. STA
	220 I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did nai 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE O	1) view the body after death.  R PRINT!  HAYE	DEGREE  ATTENDING PHYSICIAN  222 ADDRESS  913/12 Cadaû	MEDICAL STAFF POIRECTOR   PHYSICIAN	22c. DATE SIGN

DHMH - 16 50M 1 (VRA 15, 4)



053965 HAY

filled in by the funeral director, page 3

	STA	TE C	IF M.	ARYL	LAND	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
C	DT	1510	ATE	OF	DEATH	7

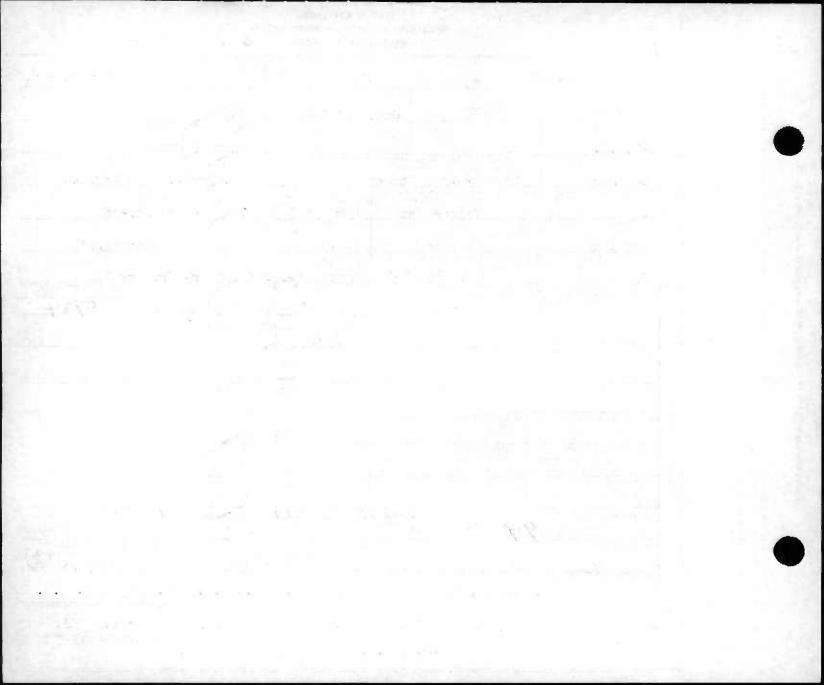
FOR STATE REGISTRAR		DEP		IEALTH AND MENTAL HYG	IENE 7	15	259
1. DECEASED NAME	FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
TYPE OR PRINT!	HELEN	т		SESSO SESSO	M	ay 18	1987 6:05 AM
3 SEX	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR   IF UNDER 24 HRS
Female	W	nite	Oct		67	YRS.	THS BAYS HOURS MIN
To BIRTHPLACE   STATE OF	FOREIGN 76 CITIZEN	OF WHAT COUN	ATRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH
Wash.D.C.	USA		WIDOW		Prince Ge	orge	MD.
10 CITY OR TOWN OF DE		OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT.	ON F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
Takoma Park			ne Stree	t	D.C. Gov	t	Retired
130. STATE  Md.	13b. COUNTY	13c. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		20912
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	THE DEL	
Carmine	WIDDLE	Sess		Bessie	MIDDLE	Pinn	caneillo
160 WAS DECEASED EVER		S? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	callettto
(YES NO OR UNKNOWN)  N/A	(IF YES, GIVE WAR OR DATE		8 8395	Raymond Sesso	(Brother)	Same a	s 13E
Conditions, if any gave rise to im cause (a), stati underlying caus	mediate ng the DUE TO e lost. (c)	O, OR AS A CONS		NOT RELATED TO THE TERM	IN AL DISEASE OF CON	DITION CIVEN	IN DADT 110
	INTERIOR CONDITION	CONTRIBOTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COIN	DITION GIVEN	IN PART ITO
190 DATE OF OPERA	19b. CO	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO []
On CONTRACTOR	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURE		-	
(IF EITHER NOTIFY MED  21d INJURY OCCUR  WHILE NOT W AT WORK ALWO	HILE T	CE OF INJURY E, STREET, FACTORY, O	OFFICE, FARM, ETC )	ZII LOCATION STREET	C114 OR 10	WN	COUNTY STATE
sow the decem- above, (1) (we)	) (this hospital) attended sed alive on Additional (did) (did not view the b		19 87.0	nd that in (my) (our) opinion (	to MAY death occurred on the de	17 19_ ate and hour an	
226. SIGNATURE	A A	Ben	200		DIRECTOR PHYSIC		MAY IX
22d. PHYSICIAN'S N	orge A. Boir	nis, MD		5410 Conn. A	ve., N.W.	Rm. 119	Wash. D.C.
230. BURIAL, CREMATION Burial	, REMOVAL 236 DATE 5/20			EMETERY OR CREMATORY  f Heaven	23d LOCATION	Mo	nt. Md. State

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows pay injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages Lawith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

FUNERAL DIRECTOR HINes/Rinaldi 11800 New Hamp. Age. S.S.Md

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	STATE OF M.	A
DEPARTMEN	IT OF HEALTH	A

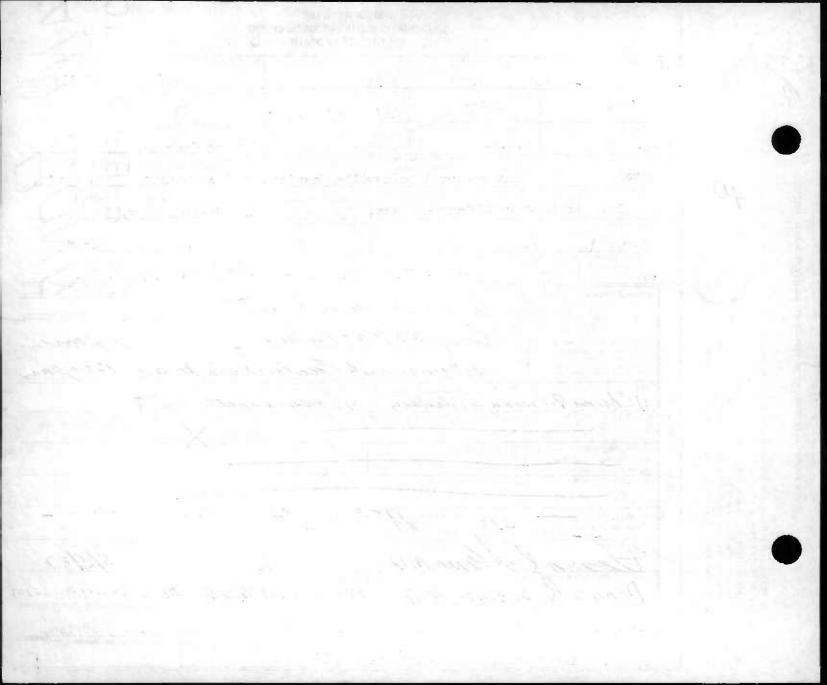
RYLAND AND MENTAL HYGIENE

7	-	5	2	6	U
-	REG. NO.				ar.

			STA	TE OF MARYLAN	D				
FOR STATE			DEPARTMENT OF		_	NE /	5 2	6	U
REGISTRA	R		CERTI	FICATE OF DE	ATH (	REG. NO.		5.31	*
L DECEASED NA	ME FIRST	MIDDLE		LAST	2	O. DATE OF DEATH MON	TH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	P	0.	Sos	kton		05	/ 02/	87	11:20p
3. SEX	Franci	I4 RACE		OF BIRTH	6	AGE (IN YEARS LAST BIRTHDA	-	RIYEAR	IF UNDER 24 HRS
Ma1	e	White	04/	4	1892	95	MONTHS	DATS	HOURS MIN.
7a BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF WHA	- 1/			BALTIMORE CITY OR CO	OUNTY OF DE	ATH	
Wash. D	C	U.S.A.		IED WEVER MA	RRIED 🔲	_			
TO CITY OR TOW			ITAL, NURSING HOME		RCED	Prince Geor	ges.	KIND OF	BUSINESSO
Laure1		Greater T	LITY, GIVE STREET ADDRESS)	and 1.1 - 17-	- (	TYPE OF WORK FOR MOST OF WO	RKING LIFE) IND	USTRY	
	F (IF NURSING HOME O	OR OTHER INSTITUTION GIVE R	aurel Belts	VIIIE HO	spital	Traffic Man	ager   F		Gov't.
13a. STATE	113h COL	INTY 13r (	CITY OR TOWN	1134 INSIDE CITY		Be.STREET ADDRESS / ZII		2074	4/
Marylar		ice deor and	strict Hgts			207 Kipling	Pkwy.		
14. FATHER'S NAM	ΛE	MIDDLE	LAST	15. MOTHER'S M		WIDDLE		LAST	
John			Sexton		herine			Obo:	ld
160 WAS DECEAS	SED EVER IN U.S. A	IVE WAR OR DATES!	SOCIAL SECURITY NO.	17 INFORMANT		7207 Kinli	no Pari	kuau	
Yes	WW	I 2	78-07-9536	John P.	Sexto	n District A	leights	, Md	•
18 CAUSE	OF DEATH (Enter o	inly one couse per lips f	or (a), (b), and (c)	4	_	- 1		APPROXIN	NATE INTERVAL
PART I.	DEATH WAS CAUS	ED BY:	ula Val	mina "	enu	st.			
Conditions	i, if any, which	DUE TO, O	received to	east Fa	line			na	ers
gave rise	to immediate 1, stating the	(6)	1			710000	6	1	
	cause last	DUE TO, OR AS	Remarks	to Car	elis?	Heels Dec	21/	10+	nea-
PART 2 OT	HER SIGNIFIC ANT	CONDITIONS CONTR	IBUTING TO DEATH BL	IT NOT PELATED TO	THE TERMINI	ALDISEASE OR CONDITION	ON GIVEN IN I	DAPT 1/0	
	Genis Pa	mone ar	1.le-tare	2) An	en-	mitte-a-	- Xo	ANT HU	
190 DATE O	F OPERATION	196. CONDITION	FOR WHICH OPERATE	ON WAS PERFORM	(ED	20a AUTOPSY2 20	b. IF YES, WERE	FINDIN	GS USED
윤	-					YES IN NOW!	CERTIFYING (	CAUSES	OF DEATH?
21a ACCIDER	NT WAS UNDERLYING	21b. TIME OF INJ	URY	121c HOW IN IU	RY OCCURRED	(ENTER NATURE OF INJURY IN		PART 21	NO []
	TING CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR	R					
(IF EITHER N	OTIFY MEDICAL EXAMIN		19	211 LOCATION					
OR CONTRIBL	OCCURRED	21e PLACE OF IN	ACTORY OFFICE FARM CICY	ZII EOCATION		CITY OR TOWN	CQ	YINU	STATE
AT WORK	AI WORK								
		ital) ottended the dec	eased from		19 6 3	, to 5/2	. 19_8	7.1	hat (I) (ma) lo
sow th	e deceased alive a	at view the bady ofter	death 19	and that in (my) (	opinion dec	ath accurred on the date o	and hour and fi	rom the c	auses stated
77b. SIGNA		1/1		DEGREE			22	c. DATE S	IGNED
14	enn	1 she	ma MD	ATT	ENDING X	MEDICAL STAFF DIRECTOR PHYSICIAN		5/3	187
22d PHYSIC	IAN'S NAME (1)	GG PEINTS	244/11/2	22e ADDRESS	-			, ,	
Do	BATIK	Chune	- min	142.01	Laurel	Parkor #	107 4	usel	m120
23n BURIAL CREA	MATION, REMOVA	L 23b DATE	1234 NAME OF	CEMETERY OR CRE		234 LOCATION			7,0
(SPECIFY)						CITY OR TOWN	DOCOUN	TY	STATE
Entombr		5/6/87	Kesurr	ection Ce			P.G.		yland
NAME			6160 0xon	Hill Rd.	De DAIL	REC'D. BY REGISTING ESS.	KEGISTBAR'S	BIGNATE	IKE
George 1	P. Kalas	Funeral Ho	me Oxon Hi	.11, Md.					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



IMORE, MARYLAND 21201	be executed within 24 hours after death. Page 4 may be	in and ampliant Tills in by the Voterol director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DINOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be takined by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician after ampliant 1915, or by the Toweral director, page 3 hould be detached for use as the burial-transit permit. Then please remove carbonpapers, Tages are sentented to use as the burial-transit permit. Then please remove carbonpapers, Tages are lied within 72 hours ofter death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

0	14.7 19	7-	FOR STATE REGISTRAR		DEPARTM		CATE OF DEATH	IENE / REG. N	5	23 6		
e e	ω£		CEASED NAME FIRST	MIDDLE			ST	2a. DATE OF DEATH		Y YEAR	76 HOUR	
oy b	poge er deot	3 SEX	Willia	M J.		5. DATE O	ger	May 12,		UNDER I YEAR	6:20 a <sub>m</sub> m	
ge 4	ector, p		ale	Caucasian			uary 1, 1914	73	YRS	ONTHS BAYS	HOURS MIN.	
eath. Po	Z hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Ennsylvania	U.S.A.		MARRIED WIDOWEE	NEVER MARRIED D	Prince Ge			У мр	
Is Office of	State of the state	10 CI	TY OR TOWN OF DEATH	9106 8th	Street	DDRESS)	R OTHER INSTITUTION	1720 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE) Electrician  12b. KIND OF BUSINESS O				
n 24 hou	33	13a S	AL RESIDENCE (IF NURSING HOME ITATE IS TO P	JNTY 13c. (	CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	9106 8th S	ZIP CODE	20706		
ed with	460	0	THER'S NAME FIRST F.	MIDDLE	inger		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	Smith	
oe execu	Popes		(ES. NO OR UNKNOWN) (IF YES.	SIVE WAR OR DATES)	3-07-03		Ronald W. Sin		Fall Ci Gambr			
inficote b	physicio npopers moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line f SED BY: ATE CAUSE (o) CA	RD10-	Pul	MONARY	ARRES	T-	BETWEEN	MATE INTERVAL ONSET AND DEATH	
that the death ce	d by the ottending lease remove corb tol, cremotion, at a		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF LUNCS.  DUE TO, OR AS A CONSEQUENCE OF LUNCS.  DUE TO, OR AS A CONSEQUENCE OF LUNCS.									
requires	Then por to bur	CATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To								3	
he low on.	hos ber	CERTIFICAL	190. DATE OF OPERATION	196 CONDITION	196 CONDITION FOR WHICH OPERATION W			200 AUTOPSY?  200 IF YES, WERE FIN IN CERTIFYING CAU  YES NOW YES		ING CAUSES		
GICIAN: T	ertificate rial-transi antal Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM IB PAR	IT I OR PARE 2)		
d PHYS	ter this of the burner was the burne	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY ACTORY, OFFICE, FAI	RM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAIL	
TTENDIN	CTOR: Affor use of Health		22a. I certify that (I) (this has sow the deceased alive move, (I) (we) (did) (did	2-3.7.	19 8	7. on	d that in (my) (our) opinion o	to 5 - 18	late and hour o		that (we) last couses stated	
ALOR A	detached detached ofe Dept.		J. J	Pandle	7	M		MEDICAL STA	AFF CIAN []	221. DATE	SIGNED	
HOSPIT toined by	should be diwith the Sto		M. H. CHAL	OHRY	No		14201 Lau	ref Porle	Drie	1 20	100	
BP.	F 73 2 7		URIAL, CREMATION, REMOVA SPECIFY) Burial	05/15/87			coln Cemetery	Brentwo	od P	.G.	Maryland	
	- 16 60M 7/84 (RA 15, 4)		rancis GAsch's 739 Baltimore A		raloHom	ne, P.	A. 250 DATE	REC'D. BY REGISTRAR	256. REGISTR		URE	
		14	The Partition of the	VEHUE HYD	rravine	, IVIU .	20/01			1 200		

STATE OF MARYLAND



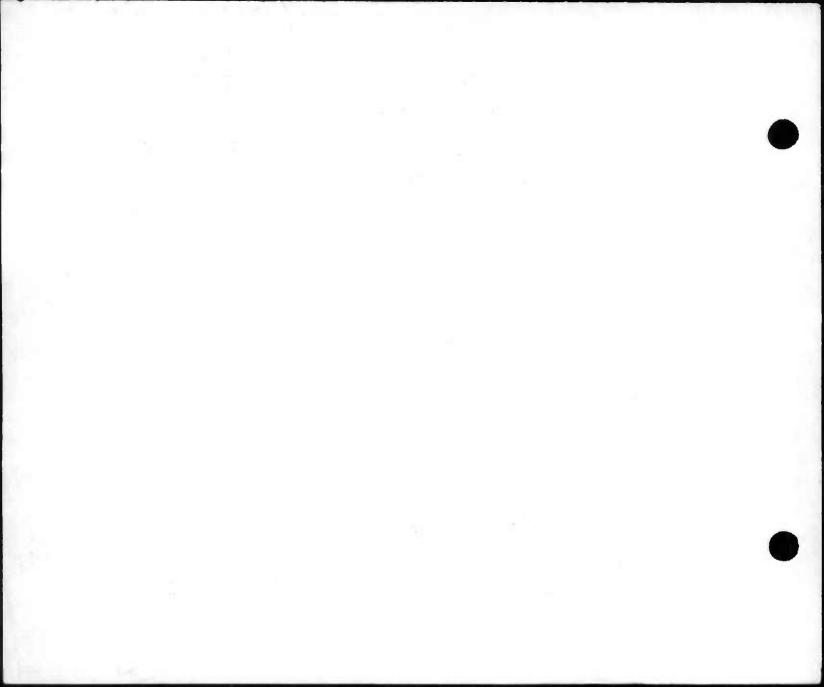
053522 MAY 1

4 may be

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH	8	REG. NO.	1	5 2	0
1. DECEASED NAME	FIRST		MIDDLE	ŧ	AST	20 DATE OF	DEATH MO	ONTH DAY	YEAR	26 HOUR
(THE OR PRINT)	MAYME	(	J. C	SMI	rh	MAY	12, 1	L987		3:25
3. SEX		4 RACE		5. DATE C		6. AGE INYE	ARS LAST BIRTHD		UNDER TYEAR	IF UNDER 2
FEMALE		BLAC	CK	AUGU	ST 9, 1902	84		YRS.	THS DATS	HOOKS
70. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMOR	RE CITY OR	COUNTY OF	FDEATH	
Virgini	a	USA	A	WIDOWE	DI NEVER MARRIED TO	PRINC	E GEOR	RGES		
OLINTON		PARKW(	OD HOSPI	IG HOME C ADDRESS) TAL	R OTHER INSTITUTION	12a USUAL O	CCUPATION	ORKING LIFE)	INDUSTRY	of Busines i lroa
USUAL RESIDENCE ( 130 STATE Marylan	d 13b COU	R OTHER INSTITUTION NTY G	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET A 7 3 2	DDRESS / Z Opus		u e 20	574
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LA.	57
Edmond	Smith		1631		Lula Wa:	re			LA:	
160 WAS DECEASED	EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANCapi	tol He	i ghi s	. Md.		
NO OR UNKNOV	(IF YES, GI	VE WAR OR DATES)	227 01	5020	Leon Thoma	as-nep	hew-7	32 01	pus A	Ave-
Tu course			Ino (or (a), (b), and					-		XIMATÉ INTERVA
	LNIT	CONDITIONS CO	N AN1	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  WOOD TOWN.	MINAL DISEASE	PSY?	Ob IF YES, W	VERE FINDI	
3011-	0 '			vel -		YES [	иод	YES [		№ □
00.00.00.00.00.00.00	CAUSE OF DE	216 TIME C HOUR A.	M. MONTH DA	AY YEAR	216 HOW INJURY OCCUP	RED (ENTERNAL	URE OF INJURY I	NITEM IS PART	I OR PART ?)	
9	Y MEDICAL EXAMINE	P. PLACE		19	21f LOCATION					
AALITY I	OT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STA
		ital)-attended th	e deceased from_	41,	17 10 8	to	5-12	19	87	that (I) (we
I low the d	eceased alive or	3/12	19.5	?7	id that in (my) (our) apinion	death accurred	on the date	and hour or	nd from the	couses state
GRATU	Weldid) (did no	Per	ul_	N	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIA	и	MAN DATE	SIGNED
22d. PHYSICIAN	SNAME (11)	(aprilect)	E II	,	22 DRESS 7801	OLD BR	ANCH A	AVE.	#409	
MICHA	EL LEVI	NE, M.D.	/		CLIN	TON, MD				
230 BURIAL, CREMAT Burial	AN DONA	1 ay Je	A 10 8 7		CO MOMOF	23d LOCA		y Sui	itlar	nd, Ma
24 FUNERAL DIRECT Stewart	Funer	W Home	4001 B	Va enn.	RO. NE	MAY 1 4	1987	REGISTRA	R'S SIGNA	Mandal

DHMH - 16 50M 4/B3 (VRA 15, 4)



# STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

REGISTRAR		CERTIFICATE OF DEATH	6 REG NO.	2 4	0 3
DECEASED NAME FIRS	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPEFOR PRINT) MOI	LLIE	SMITH	05	03 87	100 pm
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Black	July 7, 1907	79 YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED			1.07.1

	Georgia	unitea	2 rarez IMIDOME	DIVORCED X	Fillice Georg	ges country, MD.			
-	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	176 USUAL OCCUPATION				
1	Hyattsville		Queens Chapel	Housekeeper					
2	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COULD Pr.			13d. INSIDE CITY LIMITS? YES DE NO []	13e STREET ADDRESS / ZII 2100 Queens	Chapel Rd./20782			
4	Adam Speight	MIDDLE	LAST	15. MOTHER'S MAIDEN NAV	ME	TAST			
i.	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS				
	no	VE WAN ON GATES)	579-38-9696A	Estelle Sligh	1/4358 F St.	S.E. Washington D.			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		Malignant Mela	noma (3-86)		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH			
DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which gave rise to immediate	) (b)_							

DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [

216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE May

200.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an April 29 19 and that in (my) ( on opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 226 SIGN A RE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN K DIRECTOR PHYSICIAN

77e ADDRESS 724. PHYSICIAN'S NAME (TYPE OR PRINT)

3800 Reservoir Rd., N.W.Wash., D.C. 20007

Albert E. Rolle, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

May 9, 1987 Fort Lincoln 24 FUNERAL DIRECTORMCGuire Funeral Service 7400 Georgia Ave. Washington, D.C.

Brentwood, Maryland BY REGISTEAR 256/REGISTRAT SUGNATION OF THE PROPERTY OF THE PR

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR

should be detoch with the Stote De

IMPORTANT

(VRA 15, 4)

- STATE

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MEDICAL

countr Atali and that in (my) (our) opinion death occurred on the date and hour and from the cause stated PHYSICIAN CORECTOR PHYSICIAN 6492 LANDOVER RD. LANDOVER, MD. 20785 136. DATE 5/22/87 236 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. 24 FUNERAL DIRECTOR S. INASHINGTON + SONS 4925 BURNOUGHS AUE. A.E.M.

DAY

IF UNDER I YEAR

26 HOUR

12b. KIND OF BUSINESS OR

20785

APPROXIMATE INTERVAL

NO F

20AM

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DHMH - 16 60M 7/84

(VRA 15, 4)

Dec. 200 appropriate that the propriate and the second second second the contract of the contract o -da entosame sulv -da entosame sulv -la entosame sulvania com sulvania sulv

054299 MAY :

STATE	OF	MARYLAND	
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DEPARTMENT	OF HE	ALTH /	AND	MENTAL	HYGIEN
CE	RTIFIC	CATE	OF I	DEATH	

1 - STATE		DEPARIMEN	H 10 I	EALTH AND MENTAL HYGI	IENE		- Am		
REGISTRAR		CI	ERTIF	ICATE OF DEATH	8 REG. N	0.	3	2	5 5
I DECEASED NAME	FIRST	MIDDIE	Ĺ	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR 4
(TYPE OR PRINT)	CHAEL	PETER	SM	YTH	MAY				2:20aw
3 SEX	4 RACE	5. 0			6. AGE (IN YEARS LAST BI	RTHDAY)		RIYEAR	IF UNDER 24 HRS
Male	Whit	e	OC.			MONTHS	DAYS	HOURS MIN.	
BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DE	ATH	
Ireland	U.S	A. W	DOWE		Princ	e Ge	org	8 (	Co. MD
HE ITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING H	OME C	house.	12e. USUAL OCCUPAT				F BUSINESS OR
Camp Spring		cheacility, give street address		A TOTO	Mst. Sgr.	OF WORKING		USTRY	A d ==== -
USUAL RESIDENCE (IF NURSH				APD.	Mst. Sgr.			.0.1	Airforce
	Dade	13c CITY OR TOWN Homestead		13d. INSIDE CITY LIMITS?  YES NOTE:	13e.STREET ADDRESS 20020 N.			Ave	/33030
14 FATHER'S NAME				15. MOTHER'S MAIDEN NAM	ΛE				33-3-
Daniel	MIDDLE	Smyth		Gladys	WIDDLE		Cha	LAS	T
160 WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO	17 INFORMANT	ADDR	ESS.	Che	TTY	
(YES, NO OR UNKNOWN)	Yes, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Veltnem 083-28-579				706	ESPark	Ave	•	
ies	Yes   Veltnam   083-28-579				mins Pear	l Riv			L0965
Canditions, if ony, gove rise to imm cause (o), stating underlying cause	which (b)_	OR AS A CONSEQUENCE	e of ENI	TAR FAILURE	THMIA				
	IFICANT CONDITIONS	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION G	IVEN IN	ART 1co	5
190 DATE OF OPERAT	ION TIME CONF	DITION FOR WHICH OPE	DATIO	NIWAS DEBEODATED	20e AUTOPSY?	205 IE V	ES WEDE	EINIDIN	NGS USED
DATE OF OPERAT	1178 CON	MION FOR WHICH OFE	KATIO	N WAS PERFORMED					OF DEATH?
2					YES NO		YES 🗌		NO 🗌
216. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HOUR A	OF INJURY N.M. MONTH DAY N.M.	YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJ.	IRY IN ITEM 18	3 PARTIOR	PART 2)	
21d. INJURY OCCURR		OF INJURY		211 LOCATION	CITY OR TO	OWN	CO	UNIY	STATE
WHILE NOT WHI	18	TREET, FACTORY, OFFR.E. FARM,	eicj						31111
220.1 certify that (IX	this hospital) attended t	he deceased from 12	MA	Y 19_87	16_14 MAY		. 19{	37	that X (we) last
saw the decease abave, ( <b>X</b> (we) (d	d alive an 14 M/		, on	d that in XX (aur) apinion d	leath occurred on the o	ate and h	our and fr	am the	causes stated
226. SIGNATURE	0100		(	DEGREE			22	DATE	SIGNED
	Syphile		944		MEDICAL STA			14 M	IAY 1987
22d. PHYSICIAN S NA	ME (TYPE OR PRINT)			22e ADDRESS			-	2000	1 5200

N. SCHALLER, MAJ, USAF MC 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Ny.

al 5/18/87 Ascension Cemetery
RECTOR

W.W. Chambers come Riverdale M2037 MA 5/18/87 24 FUNERAL DIRECTOR

20331-5300

MALCOLM GROW USAF MED CEN ANDREWS AFB MD

METERY OR CREMATORY

100 Cemetery

Monsey

Wonsey

Workland

Ny.

101 June 1230 Date Recide By Registrar 25b Registrar Scientific Date Recided Ny.

102 May 21 1987

May 21 1987

DHAMH - 10 60M 7/84 (VRA 15, 4)

1620 CO . COD . COD . COD . COD in the state of th ero print dicola droi. Ari. dri. dr. dr. dr. CCCCC CERT Description of all Lendel - Cherry Cherry IOS Fair Ave. region of the contract of the

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# STATE OF MARYLAND

Cura I				STATE OF MARYLAND		
5 1 1 8 JUN -	a 9	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	8 TREG. NO.	5 2 6 6
1 11		EASED NAME FIRST OR PRINT) MARIE	M.	PIELER	120. DATE OF DEATH MONTH DA	1987 630 M
ge 4 moy motor, po	1. SE	FEMALE (	PALLASIAN	5. DATE OF BIRTH  MONTH  DAY  VEAR  102  23  189		FUNDER I YEAR IF UNDER 24 HRS
1 1197		RTHPLACE (STATE ON FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	EORGE MD.
190	10.CI	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEKEEPER	126. KIND OF BUSINESS OR
185		A RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNTY		YES NO D	53/3 NORGE	20853
(2) 5	7	ANDREW	Poh.	15. MOTHER'S MAIDEN  Elizab	seth MIDDLE U.	NAVAITA61E
4.0		VAS DECEASED EVER IN U.S. ARME ES. NO OR UNKNOWN) (IF YES. GIVE W		1000	N ADDRESS J. Spieler	SAME AS # 13
physics on paper improf event, fi		PART I. DEATH WAS CAUSED E	BY: CRASSES	SIVE CEREBRA	THROMBUSIS	BETWEEN ONSET AND DEATH
hat the death or by the attricting see remove corta- i, committee, or a other traumatic.	70.00	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ERITICIARDIOREN	ALVASCULARDISORSE	Yenrs
digest of the control	z	PART 2 OTHER SIGNIFICANT CO	Charles and the second	EATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVE	N IN PART I ia
The state of the s	INCATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
CLAN The physics of thomas and the physics of thomas and the physics of the physi	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
G PHYS offerding of the bor and Me hed or h	MEDIC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDBY pikel per TOK All for use of of Health 21 is mon	A	220.1 certify that (I) (this haspitel saw the deceased alive an abave, (I) (we) (did) (did nat) v	1414427198	7 and that in (my) (our) opini	ion death accurred on the date and haur	9 27, that (I) (we) last and from the causes stated
* 2 H P X 1		22b. SIGNATURE		DEGREE		220 DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 ADDRESS

234. BURIAL, CREMATION, REMOVAL

23b. DATE

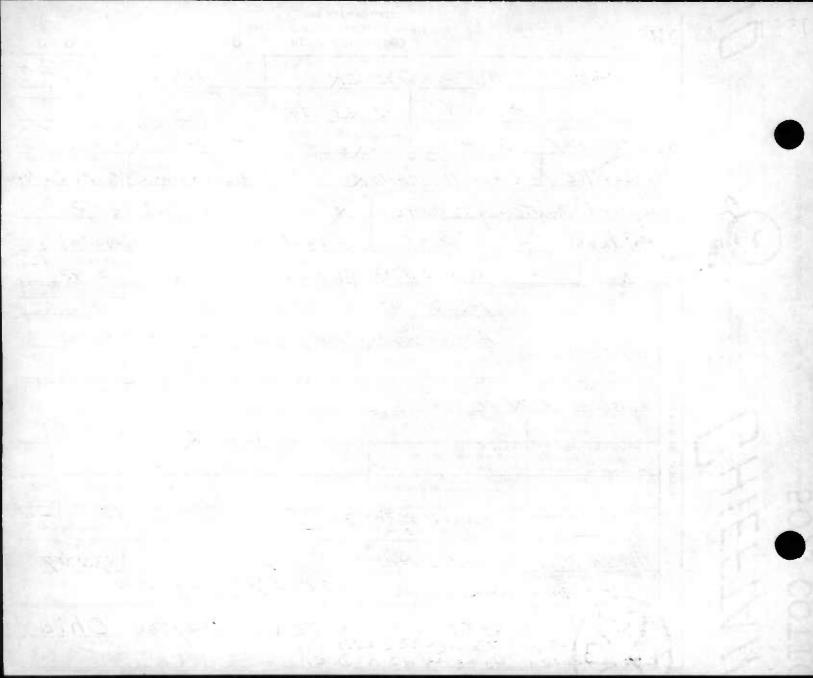
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

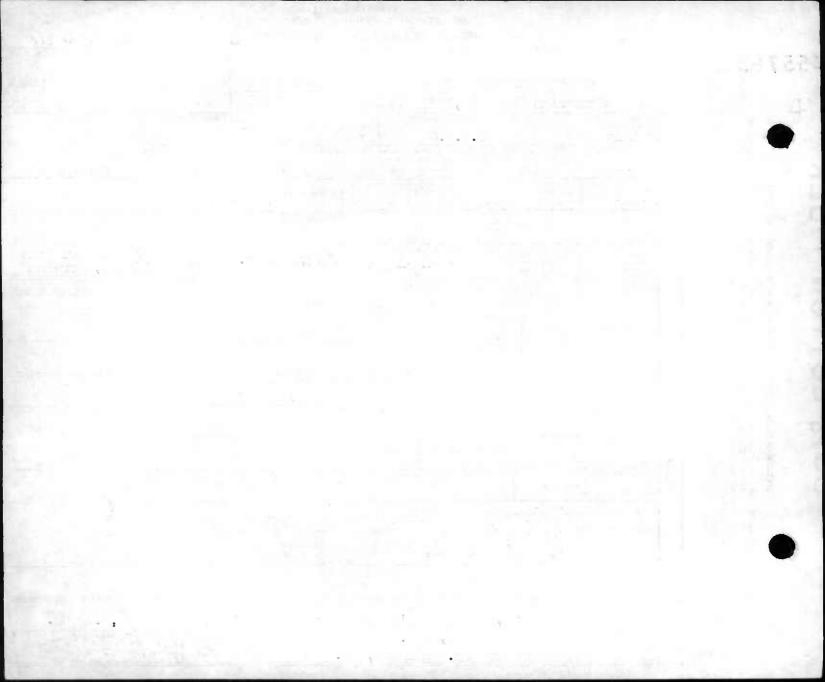
DHMH - 16 50M 4/B2

(VRA 15, 4)

Teridon-Rondoca



1	1						E OF MARYLAN					
12			FOR STATE		DI		EALTH AND M		.Ms 4 :	a your		,
7			REGISTRAR			ICAL EXAMIN		CATE OF		REG. 40. 3	-	0 /
57/	2 1101 0		CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAST		20 DATE KNO	STI. MONT	H DAY	YEAR 25 HOUR
216	3. A LE TO TO	07		THEODO	RE		SPIVEY		DEATH MA	ATED 4	25 19	87 M
	毎日宝女県 	3 SEX	1	RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR.	IF UNDER 24		MONTE	H DAY	YEAR 24 HOUR
	NASSE.	Ma	ale C		March 14	,1909 78 YR	S. MONTHS DAYS	HOURS	PRONOUNCE! DE AD	4	25 19	87 10:30
	SE SEE		RTHPLACE (STAT	TE OR	76 CITIZEN OF WHA		MARRIED NE	VED AA ADDIED	1 BALTIMORI	ECITY OR COU		
	DE C ( )		reign country		U.S.	.A.	WIDOWED	DIVORCED		George	S COU	ntv w
70	T GB WEER	10 CI	TY OR TOWN O	F DEATH		TAL, NURSING HOME	OR OTHER INSTITU		2a USUAL OCCUPATI	ION (TYPE OF WOR	K 125 KIND	OF BUSINESS
1 3	新野 6	C	linton			Maryland H	ospital Ce	enter	FOR MOST OF WORKING  Laborer	LIFE]	_	truction
1	DE SERVICE DE LA COMPANSION DE LA COMPAN	USUA	L RESIDENCE (IF		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO	N)				COUST	TUCLION
120	* SEE SE	13a. S		136 COUNT		13c CITY OR TOWN	13d INSIDE (		STREET ADDRESS		de	19/2
0	= NEW MA		ryland THER'S NAME	IPTING	e Georgesi	Takoma Par			507 Elm Av	<u>renue</u>		110
	E E		FIRST		MIDDLE	LAST	F	ER'S MAIDEN		E	LAS	T
08	8888	16a V	John VAS DECEASED I	EVER IN U.S. ARM	ED EORCES?	Spivey	NO. 17 INFORA	TAAN	UNKNOWN	DDRESSO		
ME.	A SSS A	(Y	Yes	(IF YES GIVE W	AR OR DATES]	110-09-825	Clint		v. Center	ODR 9211	Stewar	rt Lane
3	AREAS 1				1.1		I Recor	us		CIInt		aryland
ts.	500000	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:										NONSET AND DEATH
NO	A SERVICE AND A	IMMEDIATE CAUSE (o) Bilateral bronchopneumonia										
123	MARKE		Conditions	, if ony, which	DUE TO, OR A	S A CONSEQUENCE C	)F					
2	E DESERTE		gove rise	to immediate	(b)							
*	AN THE		lying couse	tating the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE C	F					
30	5. AAAA				(c)							
RECORDS	ULD BE EXECUTE FEMBLOAL FEMBLOAL FEMBLOAL FEMBLOAL FEMBLOAL FEMBLOAL FEMBLOAL CREMATIC		PART 2 OTHER SIGN	IFICANT CONDITIONS C		T NOT RELATED TO THE TERMS						
8	ASSESS -	o N				letastatic			noma			
2	HEF AND	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFOR	MED?			20 AUT	TOPSY?
Į,	CATE SHOULD HE WORD TO THE CHIEF UND BE USED TAKEN TO FIND BURLY OF HE CHIEF UND BE USED TAKEN TO FIND BURLY.	1					8 1 1					NO [
ő	A TORNEY		21a EXTERNAL		HOUR A.M.	NJURY MONTH DAY YEAR	TIE HOW INJURY	OCCURRED	ENTER NATURE OF INJURY	NITEM 18 PART 1 OR	PART 2)	
DIVISION	E25540	MEDICAL	CONTRIBUTING	CAUSE OF D		19						
VIS	VRITIN VRDED VRDED GE 3 S GE 3 S COI PR	AED.	21d. INJURY OC		21e PLACE OF STREET, FACTOR		211. LOCATION		CITY OR TOWN		COUNTY	STATE
۵	AAGE AAGE AAGE AAGE AAGE AAGE AAGE AAGE	-	AT WORK	AT WORK								
	ATE, WATE, WORWA		22a   certify	that I taok Clarke	of the remains descri	ibed above held on	Autapsy X	Inspection	, Inquiry	and in my	COURSON	
	NOTE THE		death resulted	/ 1 / /	auses XD	, / 🗆	side . Hamis		Undetermined manne		op.mon	
	ERTI IRE MITI			1 11/21	1 VI /	18hod	TITLE (S					
	A COUNTY OF THE		ACTUAL SIGNATURE	Mark	D. AS	1116			_MEDICAL EXAMINE	DAT	E 4-2	9-87
	SE S				71							
	WE WE WE		EXAMINER'S NA	AME Char	les P. Kok	tes, M.D.	ADDRESS_	111 Pe	enn St., B	alto., 1	MD 21	.201
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST BATTMORE, MARYLAND, 2		URIAL, CREMATIC	ON, REMOVAL 23	DATE	23c. NAME OF CEA	ETERY OR CREMATO	ORY	23d LOCATION		CHAITY	
07/84	BP	3	rematio	n J	une5,1987	Lee's	Crematory	A PORT	Clinton	F	G.	Md.
25M		24 FI	JNERAL DIRECTO	OR Lee F	uneral Hor			25a. DATE REC		Sh-REGISTRAR		
	DHMH - 17 (VR A15 ME (5))	60	533 Old			d. Clinton	n, Md.	JUN	5 1987	Julia Deri	dern-Kan	dall



BP.

**DHMH - 17** 

(VR A15 ME (5))

07/B4 25M

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL	EXAMINER'S	CERTIFICA	TE OF DEATH	

М	REGIS	TRAR			WED	ICAL I	AAMIN	IEK 2	EKITE	LAIE	JE BER			NO.	E1.40	9		
1. DECEASED NAME FIRST						MIDDLE LAST 20 DATE KNOWN						X) MON	MONTH DAY YEAR 5 26 HOUR					
	(TYPE OR PRII	(TYPE OR PRINT)  CLIFTON										OF	MATED	<b>5</b>	19	19 87		
	3. SEX	4. RACE   S. DATE OF BIRTH   6. AGE (IN YEARS) IF UNDER 1 YR.   IF UNDER 24 HRS.   20. DATE   MONTH									24 HOUR							
	MALE		ACK	FEB.	DAY	1964	LAST BIRTHD	AY) MONTH		HOURS	MIN.	PRONOUN	NCED	_	2.17			
								RS.				DEAD		5		19 87	A <sub>M</sub>	
1	70 BIRTHPLACE (STATE OR 76 CITIZEN OF WH					MARRIED			ED NE	NEVER MARRIED 3. BALTIMORE CITY OR CO								
Washington, D.C. United S							WIDOW		DIVORC					e's County MD				
1	ID CITY OR	10 CITY OR TOWN OF DEATH				PITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL						TYPE OF WO		IND OF BU				
	Chev					George's General			Hosp. FOR MOST OF WORKING LIFE)					none				
-	USUAL RESI	SUAL RESIDENCE IN IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)									7911							
	Maryland   136 COUNTY Prince Georg				eorge	Landover			134 INSIDE (ITY LIMITS?   136 STREET ADDRESS   YESTA NO   2502 Kent Village					e Dr	e Drive			
×	14 FATHER	ER'S NAME 15 MOTHER'S MAIDEN NAME																
Ì	MONRO	ONROE EDWARD				SPRIGGS			SYLVIA					VOI	YOUNG			
	No WAS DECEASED EVER IN U.S. ARMED FORCES?			52	166. SOCIAL SECURITY NO.			IT INFORMANT ADDRESS					100	TOONG				
Н	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)								SYLVIA WILSON-mother-2502 Ke						- + 17411 Dec			
١	NO						UNK		PITAT	A WI	P2OM-	-motne	2r-25	02 K	ent	ent VillageDr.		
		AUSE OF DEA	MAC CALIFER	DV											86	APPROXIMATE TWEEN ONSET	TAND DEATH	
1		SKIIDEAIII	IMMEDIAT	E CAUSE (	Mul	tiple	e guns	shot v	wounds	s (ha	ndgur	1)						
1	24	DUE TO, OR AS A CONSEQUENCE OF												100				
١	C	anditions, if	any, which	) (	2)													
gave rise to immediate cause (a) stating the under-lying cause last.  (b) DUE TO, OR AS A CONSEQUENCE OF																		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)																	
П	21º E	ATE OF OPER	RATION	19b.	CONDITIO	ON FOR W	HICH OPER	RATIONW	AS PERFOR	MED?					I 20	AUTOPSY?		
	FIC	The Constitution of English Was Fell Ormed:							10									
-	710 E	0 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR P								YES X	NO []							
2		PIVING X	00	HC	DUR A.M.	MONTH I	DAY YEAR	R					JURY IN HEM	IB PART I C	JK PART 2]			
-	CON	TRIBUTING							oject	was	snot	•						
	WHII	UNDERTYING OR CONTRIBUTING CAUSE OF DEATH 1:30xx 5-19- 1987 Subject was shot.  714 INJURY OCCURRED 716 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  WHILE NOT WHILE 971 STREET CITY OR TOWN COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH 1:30xx 5-19- 1987 Subject was shot.								COUNTY		STATE						
	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET, ACTORY, FARM, ETC.) TO STREET TO STRE								nce G	eorge	's,MD							
220 Learlify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion										95.10								
	death resulted fram: Natural causes , Accident , Suicide , Homicide . Undetermined manner .																	
ACTUAL SIGNATURE NOTICE DATE 5-									-19-8	7								
7	SIGNATURE MEDICAL EXAMINER SIGNED 5-19-0									-								
EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., MD 2										21201								
7		CREMATION,					AME OF CE		ADDRESS_			CATION						
	Buria	1		5/23/	97						CHY	ORTOWN			COUNTY		ATE	
		LDIRECTOR		1/23/	0/	nar	mony	Memoi	Tal F	ark	I I	andor	er last no	CICTRAD	PG	Mary	Land	
	NAME		DODE	0/17	ADDRESS					VIAI	7. 1	1987	July	a DAG	LOGICA-	Condac.	6,	
-	ALEXANDER S. POPE-2617 Pa Ave S.E., Wash., D.C.									100								



731 NAME OF CEMETERY OR CREMATORY

Highland Burial Park Danville, Pittsylvania Co.

REGISTRAR 256 REGISTRAR SEIGNATURE

07/84 **DHMH - 17** (VR A15 ME (5)) 230 BURIAL CREMATION REMOVAL 236 DATE

24 FUNERAL DIRECTOR LATNEY'S Funeral Home

Georgia Ave. NW; Washington, DC 2001

Burial

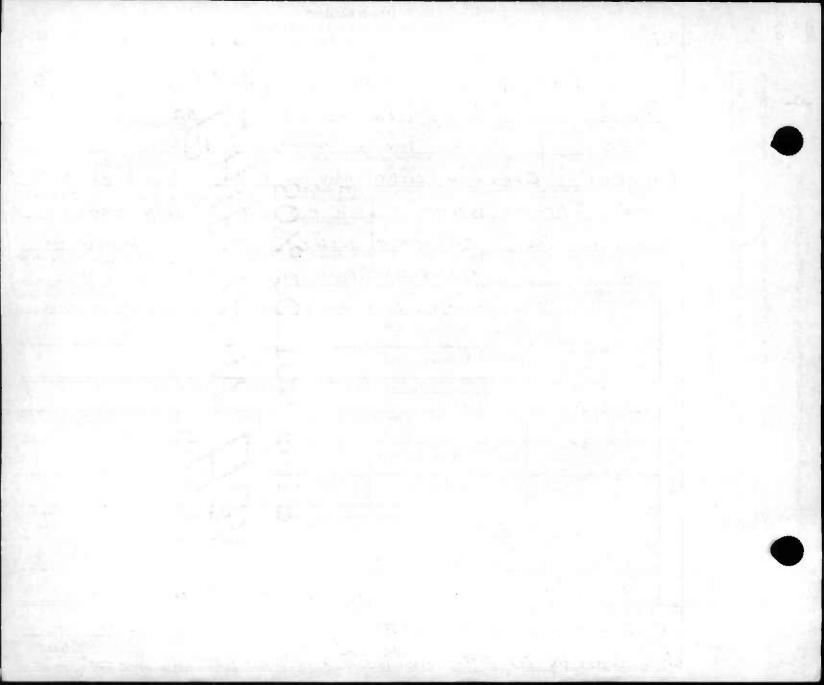
The state of the s Augustes and Augustes and Story Argust to a ground the second selection.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND
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3	REG. N	10.	5	2	1	į
ATE O	E DEATH	MONTH	DAY	YEAR	7h H/C	MILE

2 - 0						STATE OF MAKTLAND				
053	983 MAY :	nto	FOR STATE		DEPART	WENT OF HEALTH AND MENTA		1	5 0	7 11
	- 0 0 mm 5	7.0	REGISTRAR			CERTIFICATE OF DEATH	S REG.	NO.	2	, 0
		1. DEC	EASED NAME FI	RST	MIDDLE	LAST	20. DATE OF DEATH		Y YEAR	26 HOUR
	poge 3	(TYPE	OR PRINT)	n. 11.		Strakin	5/17/8	7		6:40
	poge er dec	0.651		orothy		JUBERTIA	6. AGE (IN YEARS LAST	101400455	FUNDER : YEAR	F UNDER 24 HRS
10	e ter	3. SE)	+ ,	4. RACE		5. DATE OF BIRTH			INTHS DAYS	HOURS MIN.
	s oct	1	temale	u		12 16 9	8 9	S YRS		
	2 32 Kall		CHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTRY?	1	- PALTIMORE CITY	OR COUNTY C	OF DEATH	100
	1 15 OFT	,	NES	U.	5, 4).	MARRIED NEVER MARRIE WIDOWED DIVORCE		.6.		MD.
100	1 11 877	0 CI	TY OR TOWN OF DEATH			IG HOME OR OTHER INSTITUTIO			126 KIND OF	BUSINESS OR
-	5 11080	14	ALIPEL	Grea	JCH FACILITY, GIVE STREET	unel Mursin	TYPE OF WORK FOR MOS		INDUSTRY	AL SALL
21201	1 1 27	USUA	L RESIDENCE (IF NURSING	ME OF OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION) FROME	0		1,00	
9	2 3 05	130 5	TATE D 13b	HOWARD	COLUMI				CTABOLA	21044
MARYLAND	1 9 7	M. FA	THER'S NAME	110-0-11-2	1 Cocarri	15. MOTHER'S MAID		WINDS	STILLAN	107
AR	3 17 13/	17	FIRST	WIDDLE	LAST	FIRST	MIDDLE		LAST	
×	11/3/	-	NARTINI	w,		IAGH JESSICI	9		AUGH	
S S	o di gi			J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	16b. SOCIAL SECL	IRITY NO. 17 INFORMANT O	AUGHTER ADD	RESS/0069.	2 WING	OSTAKAN Q
BALTIMORE,	Po n		NO		507-05-	-2627 JEAN G.	REEN LUNDING		210	
ALT	Sicio Pers		18 CAUSE OF DEATH (E	nter only one couse pe	er line for (o), (b), or	dico.)			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
	phy phy may vent		PART I. DEATH WAS	CAUSED BY.	Mortensu		the angestive has	rt Falun	21	rink
S	rbai rbai		IMA		1		3			
PRESTON	oth end end end		C 8: 11 1		OR AS A CONSEQU	ENCE OF				
RES	of of other		Conditions, if any, who							
×.	by the			the DUE TO, C	OR AS A CONSEOU	ENCE OF			18	
201	tho d b d b d b iol,			(c)_						
	signe hen p o bur	z	PART 2 OTHER SIGNIFIC	/ -		DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	INDITION GIVEN	N IN PART 110	
ORC O	e c E t E	CERTIFICATION	+ Schrini		31765226					
EC	S bee	CA	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
AL	The ician.	E					YES NO	YES		NO []
2	hysici rons rons 18 sh	E	210. ACCIDENT WAS UNDERLY	110110	OF INJURY A.M. MONTH D	AY YEAR 21c. HOW INJURY C	CCURRED (ENTER NATURE OF IN	JURY IN ITEM IB PAR	T   OR PART 2)	
Ö	YSICIA ding ph s certifi burial-ti Mental	AL	OR CONTRIBUTING CAUS	COI DEATH	P.M.	19				
Z	ding of h	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION				
DIVISION OF VITAL RECORDS.	the the property of the proper	WE	WHILE NOT WHILE	LAT HOME S	TREET, FACTORY, OFFICE, I	ARM, ETC ) STREET	CITY OR	NWOI	COUNTY	STATE
á	Afte as hourt	0.9	AT WORK	1 10 10 10 10 10	N - 4 1 (	10	15 May	17	87	
	OR: OR:	100	220 I certify that (I) (this sow the deceased o	VIA	ne deceased from_	(0	10 10			hot (I) (we) lost
	Spit Spit Spit Spit Spit Spit Spit Spit		obove, (1) (we) (drd)	(did not) view the bod	y ofter death.		pinion death occurred on the	dore ond hour o		
	DR A DIREC Shed Sept.		226. SIGNATURE		,	DEGREE			226 DATES	IGNED
	the		Mul	MId	colon	ATTEND PHYSIC	ING MEDICAL ST	SICIAN [	5-1	7-87
	HOSPITA FUNERA FUNERA THE SIET	1	228 PHYSICIAN'S NAME	(TYPE OR PRINT)	-	22e ADDRESS				
			Charles	6. 124	or un	2Knoll No	om During a	Kurbiz 1	mn 21	OUT
	O 8 5 4 3	77- 0	LIBIAL CREMATION OF	9	04			may 12	1)01	- 1 3
			URIAL, CREMATION, REA	. 1	- / -	NAME OF CEMETERY OR CREMA	CITY OR TOWN		COUNTY	STATE
	BP	0	- REMATION	1 5/	18/8 1 h	ESTLIEW MEM				MO.
	DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR	11	ADDRESS /	1/1.12	DATE REC'D. BY REGISTRA	R 25) REGISTR	colder ?	RE
	(VRA 15, 4)	1.15	& 1 sm	by tun:	588. VIII	el taianit shi	MAY 1 8 1987	mile 10	Mineral L. C.	



CERTIFICATE OF DEATH	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
	CE	RT	FICATE	OF	DEATH	

8 REG. NO. 1	5 2	7 1
20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
May 24, 1987		11:15P
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS

FOR STATE REGISTRAR		DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 LEG. NO. 1	5 2	7	1
DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR	26 HOU	R
TYPE OR PRINT)	Betty	June	Stroud	May 24, 1987		11:1	15
SEX 4 RACE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 H
Female Whi		White	April 21, 1933	54 YRS.	NONTHS DAYS	HOURS	M
		76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH		
est Virgi	nia	U.S.A.	MARRIED NEVER MARRIED WIDOWED K	Prince George's			
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPATION	126. KIND O	F BUSINE	SS	
vattsvill	P	4803 67th Avenue	ADDRESS)	Clark	1 10 00 1111	011022	

	136 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Hyattsville	113d INSIDE CITY HAITS?	130 STREET ADDRESS / Z 4803 67th Av	IP CODE venue/2078	4
FATHER'S NAME William	Lafayette	Hileman	15. MOTHER'S MAIDEN NA Mahalia			AST
60 WAS DECEASED EVER (YES NO OR UNKNOWN)  NO	I LIE VES GIVE WAR OR DATES!	166 SOCIAL SECURITY NO. 218-30-8163	17 INFORMANT David Stroud/	4803 67th Ave Hyattsville,		20784

18 CAUSE OF DEATH (Enter on	ly one couse per line for	(o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Respiratory Arrest	
	DUE TO, OR AS A	CONSEQUENCE OF	
Canditians, if ony, which	(b)	Metastatic Carcinoma	
gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF	
	( Ic)	Colon Carcinoma	
PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIB	Colon Carcinoma  UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	NDITION GIVEN IN PART 110

90 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	YES NOTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE YES []			
210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P			
216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE	

220. I certify that (I) (this haspital) attended the deceased saw the deceased alive an May 19 obove, (I) (we) (did) (did not) view the body after death	from November 20, 19 86, to 19 87, ond that in (my) (aur) apinian death according to the state of the state o	May 24 , 19 87 , that (I) (we) last urred an the date and have and from the couses stated
22b. SIGNATURE	DEGREE	22r DATE SIGNED

May 26, 1987

Hassan Molavy, M.D.

6005 Landover Road, Cheverly, Maryland

Burial	5-28-87	Fort Lincoln Cemetery	Brentwood Pr	Geo Maryl	21
30 BURIAL, CREMATION, REMOVAL	236. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	9

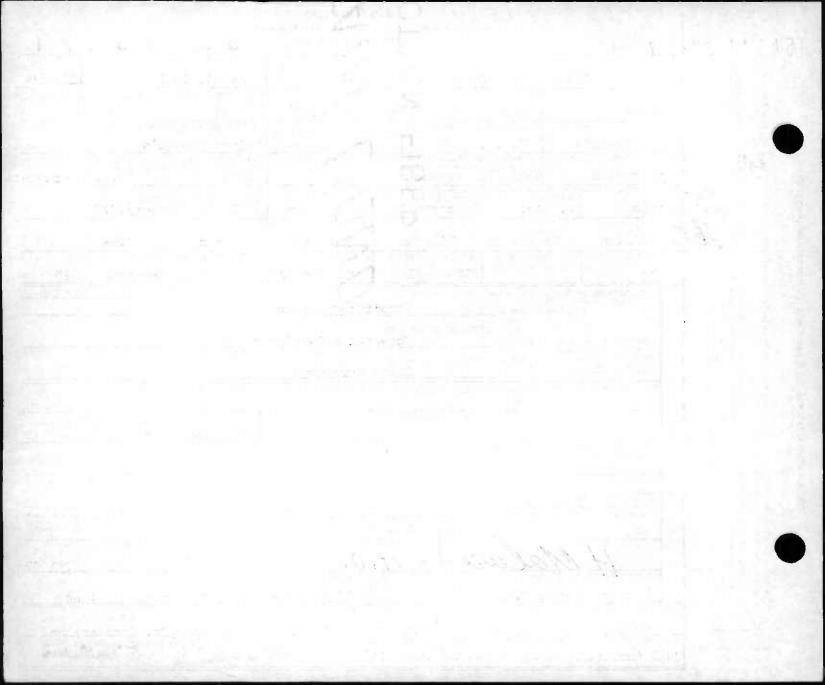
24 FUNERAL DIRECTOR Kendon-Hale Lanham Funeral Home

9013 Annapolis Road, Lanham, Maryland 20706

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detached for use as the burial-transit per th the State Dept. of Health and Mental Hygiene p PORTANT: If Hem 21 is marked or Hem 18 sho

O FUNERAL DIRECTOR:



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	4 )		2100	23	-1	1
S	REG. NO.	1	2	lin	1	6

1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 8 7 REG. N	. 1 5	2	7 2
1 DE	CEASED NAME FIRST	MIDDLE	- 1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
(1AbE	CARL CARL	E.	SI	UBE	7 9 . July	05-16-	-87	7 :40AM
3 SE	X	4. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER 1 YEAR	IF UNDER 24 HRS
	Male	Caucasian	Oct.		83	YRS	HS DAYS	HOURS MIN.
(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		PRINCE GE			/ MD
CHE	TY OR TOWN OF DEATH	PRINCE GEORGE	HOSP		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		26 KIND OF NOUSTRY Chemi	F BUSINESS OR
13a S Me	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 134. CITY OR TO BE George Bowie	DRE ADMISSION) WN	13d. INSIDE CITY LIMITS? YES NO STANDEN NAMED FIRST	13e.STREET ADDRESS 12421 Mad		l <b>e</b>	20715
	Otto	C. Sube		Christ		Pe	eterse	
	VAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDR			
(,	YES, NO OR UNKNOWN) (IF YES, G	338-03-	9092A	Christine P.	Sube	same a	s 13e	
		only ane cause per line far (a), (b), a ED BY: ATE CAUSE (a)	PIC	encepholon	olocio		BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS GIVEN I					3 neda		
NO	PART 2 OTHER SIGNIFICANT	IRT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING ( YES \( \text{VES} \) YES \( \text{YES} \)				
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER_NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	711 LOCATION STREET	CITY OR TO	)WN	COUNTY	STAIE
	sow the accepted three of abave, (If (we)) did) (old n	n 19 attended the deceased from 19 att view the bady after death.		nd that m (my) (or) apinian o	death occurred an the d	ate and hour and	d from the c	
	276. SIGNATURE	my gan	-ton	ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	LIB)
	N. GOODMA	~ ~		27e ADDRESS 3231 BOWII	SUPERIOR L E, MD. 2071			
23o E	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	May 18, 1987 M		emetery or Crematory	23d LOCATION CITY OF TOWN Alexandr	ria, Vir	ginia	51ATE
2.0	UNERAL DIRECTOR NAME  all Funeral Hor	Bown 1600 ADDRESS		polis Rd 250 DATE				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Beall Funeral Home

Displand Frince George Soute on Carlet McCong Land Could 020 0770 330-03-9992A Unititle 1. 0.0 : see as 134 100 Company with TALL THE TALL aining Poly Color Color Color Sty A. Color Col. (12 Single) 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	1	5	600	7	
OF DEATH		A.V			=

	€_ ✓ REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
1	1. DECEASED NAME (TYPE OR PRINT)	MIDDLE	Sumererade	20. DATE OF DEATH MONTH	S 7 Zb HOUR			
1	3. SEX	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	Aug. 24,1898	88 YRS	MONTHS DATS HOURS MIN.			
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
ı	New York	New York  U.S.A.  CITY OR TOWN OF DEATH  BY LUSCIA  11. NAME OF HOSPITAL, NURSII  (IF NOT IN SICHFACILITY, GIVE STREET  SULTIME  11. NAME OF HOSPITAL, NURSII  (IF NOT IN SICHFACILITY, GIVE STREET)		Montann	nery MD			
2	Bethesda			17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  HOMEMAKEY	126 KIND OF BUSINESS OR INDUSTRY OWN Home			
100	UAT RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN Mont	ITY I3c. CITY OR TOW	VN 134 INSIDE CITY LIMITS?	- (3.23 M				
	14 FATHER'S NAME FIRST ,	Motchan Motchan	15. MOTHER'S MAIDEN N	MIDDLE	ldstein			
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		15H9 Inter	rlachen Dr.			
١	(YES NO OR UNKNOWN) (IF YES, GIVE	099-07-	3215 Mrs. Bernic	ce Forgosh Silver	Spring, Md.			
	PART I, DEATH WAS CAUSED	ly one cause per line for (d), (b), op D BY. E CAUSE (a).	4.6	?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	any Tract	Multe chorz	VEN IN PART I (0			
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc			
1	OR CONTRIBUTION C CAUSE OF DEA	TH HOUR A.M. MONTH D	PAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)			
	GE EITHER, NOTIFY MEDICAL EXAMINER  STIME THE THE THE THE THE THE THE THE THE TH	216: PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, I	FARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	sow the deceased alive on	of ottended the deceased from		$\frac{T}{T}$ , to $\frac{S}{S} = \frac{26}{26}$ , on death occurred on the date and how				
	226. SIGNATURE	allest,	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5-26-87			
	LORETO S	. ALBIOL,		ONTROSE P	D Rockville			
	23a BURIAL, CREMATION, REMOVAL	- / - /0-	NAME OF CEMETERY OR CREMATORY		ew York STATE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

<sup>24</sup> FUNERAL DIRECTOR JOSEPH Gawler's Sons Inc.

NA 5130 Wisconsin Ave NW Washington, D.C.

Glendale, New York

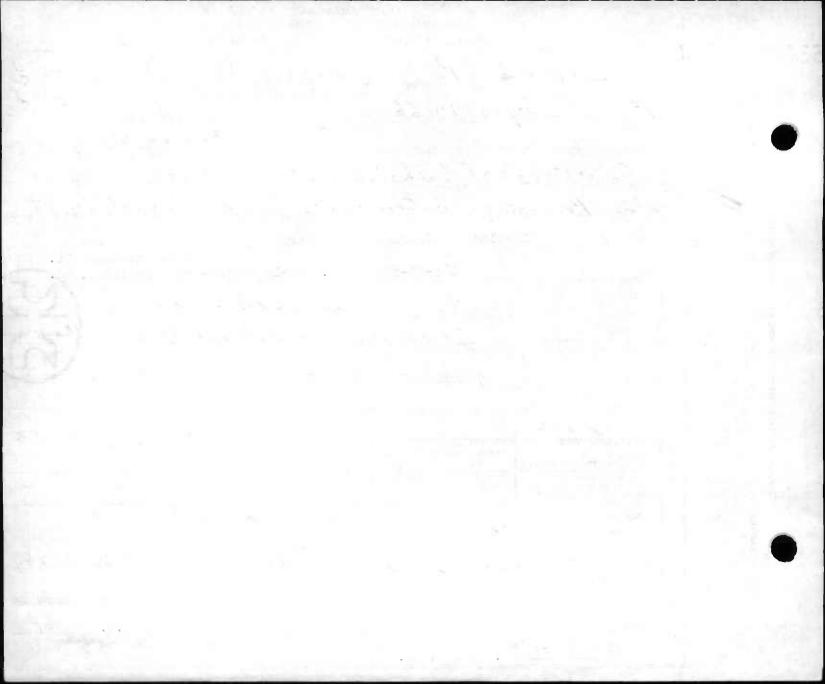
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Turisd J.J. Nt. comprisers Threads, ew fork forest awder's one no.

Lecoreta ve denington, ...



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R	DEPARTMENT

STATE OF MARYLAND

7	nr.0 . 10	5	2	1
	REG. NO.			

	1.	STATE REGISTRAR	DEP		EALTH AND MENTAL HY	8 /	5275			
	1. DEC	EASED NAME FRST	MIDDLE	l	AST .	REG, NO.	DAY YEAR 26 HOUR			
	(TYPE	Pauli	ne H.	Swe	eney	May 10,	1987 2:05A. <sub>M</sub>			
	3. SEX		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
		female	White	March		80 yr:	S			
Я		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH			
	Was	shington, D.C.	U.S.A.	WIDOWE	_	Prince George'	S MD.			
X	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION	GLIFE) INDUSTRY			
1		rt Washington			bilitation Ct	tr. Photo Lab Tec	ch. Federal Gov't			
4	13a S	RESIDENCE (# NURSING HOME OR TATE 13b. COUN ryland Princ	Road 20745							
S	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		1.52			
١,		Paul	H. Judy		Sarah	E.	Kelsey			
-		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES!	SECURITY NO.	17. INFORMANT	ADDRESS 5300 Wh	neeler Road Hill, Md.			
		No	225-16	<b>-</b> 9720	Eugenia S.	Cardinale Oxor	Hill, Md.			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b) BY.	ol, and icil	116.	atros	BETWEEN ONSET AND DEATH			
		IMMEDIA1	TE CAUSE (o) HCC	Ge Car	d 10 pu ma	mary Miles	a mins			
			DUE TO, OR AS A CONS	EQUENCE OF	here & Lula	nengvis Congesi	tun 2-3 days			
		Canditions, if any, which gave rise to immediate	(b) # (10)	ry rai.	Ture v prum	Thay's Congesi	1			
		couse (a), stating the underlying cause last.   DUE TO, OR AS A CONSEQUENCE OF Name De Politation 2 years.								
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	DISLA	7	bitus Well's.	GIVEN IN PART 110			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED NO FINDINGS USED YES NO FINDINGS USED NO FININGS USED NO FINI				
1	ERT	21a. ACCIDENT WAS UNDERLYING		2/4/1	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM				
Ĩ,		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	DNO	7				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE			
	8	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC. )	STREET	(				
		220 I certify that (I) (this hosp	11/- 1	47-7	19,1	3 , to 4/20	1, 19 77, that (1) (yet last			
			t) view the body after death.			n death occurred on the date and				
		226 SIGNATURE	10 F.	· ha	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED			
		THE PHYSICIAN'S NAME TYPE C	All. Jaros	n, 111.	PHYSICIAN -		3-10-11			
	1	S INAME (TYPE	Tarmer M	7)	11101 T 1	hoad Hur 36	Fr. Wash,			
1	22- 0	URIÁL, CREMATION, REMOVAL	1211 DATE	22. NAME OF C	EMETERY OR CREMATORY	7, 2,4///00/	11/2/20144			
		SPECIFY)	23b. DATE	A TO INAME OF C	EMETERT OR CREMATORY	CITY OR TOWN	COUNTY STATE			

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked on them 18 shows any

Burial

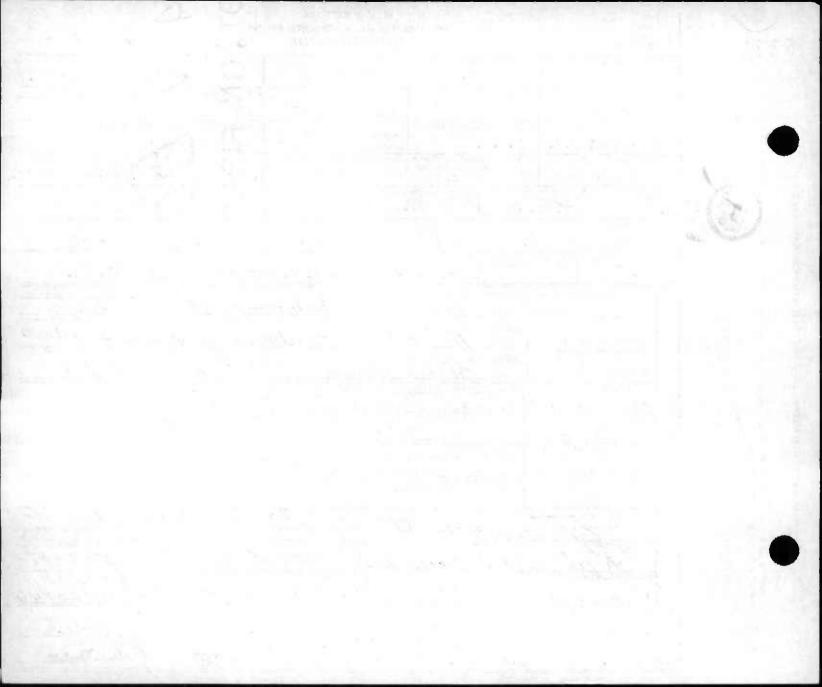
74 FUNERAL DIRECTOR 616 George P. Kalas Funeral Home

Arlington National Cem. Arlington Virginia
6160 Oxon Hill Rd.

MAY 1 2 1987

Arlington Virginia

MAY 1 2 1987



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age 4 may be

the funeral director, page 3

STATE OF MARYLAND

Y -8	87	STATE REGISTRAR		DEPARI		ICATE OF DEATH	8 7 REG. NO	15	2/6
		CEASED NAME FIRST CATHER		P.	-	LOIZ	2e. DATE OF DEATH	10 - 2 -	YEAR 26 HOUR 87 4 AM
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS	DATS HOURS MIN
	1	Female	Caucasi	an	MONTE	-30-26	61	YRS	DATS ROURS MIN
5		StrVirginia		16 CITIZEN OF WHAT COUNTRY? U.S.A.		D NEVER MARRIED DIVORCED	Primes Bearas		
86	Clinyon (Single South ) 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE  SO, Md. Hos				P.	DR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFET IND	KIND OF BUSINESS OR USTRY
70	130. S	rth Carolina	Dare	134 CITY OR TOV	VN		13e STREET ADDRESS 1209 West 4	27948 th St. P.	O.Box 0166
12	Jol		Earl	Peters		Clara	BIDDIE		Courtney
e medi o	60 WAS DECEASED EVER IN U.S. ARMED FOR 1YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D. N/A						ylor, Jr S	ame as 13	
eventeth		18 CAUSE OF DEATH Enter PART I, DEATH WAS CAU		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH					
ar ather traumatic		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last	DUE TO, O	RASA CONSEOU RAS A CONSEOU A nute	STIVE MASS	sive Anteri	or myocar	dial In	7 Hays
nny injury,	IFICATION	1 5	4upertin	151171	Acut	NOT RELATED TO THE JERM  PANCYEATITI-  N WAS PERFORMED	s c Cardiac	Arrest	-1984
San Co	TIFIC	None		None			206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO		
tem 18 st	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	'ART 2)
orked or	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	N COL	INTY STATE
21 is mo		22a 1 certify that (1) (this be sow the deceased affice abave, (1) (we) (d.d.) (d.d.	on 5 -	198	7 , an	19.87 of that in (my) (por) opinion	to 5 —	e and hour and fr	that (I) (y/e) lost om the causes stated
ZT. # Hen		Richard	Q. Far	son,	4 -	D. ATTENDING PHYSICIAN E	MEDICAL STAFF	<	DATE SIGNED
MPORTAL		Richard A	7. Fars		D	720 ADDRESS 9401 Ft. Wash	Indianh.	20744	wy #360
1		surial, Cremation, Remov Specify Urial	23b. DATE 05/05/			enetery or crematory coln Cemetery	Brentwood	Prince (	George's Md

DHMH - 16 50M 1/81 (VRA 15, 4)

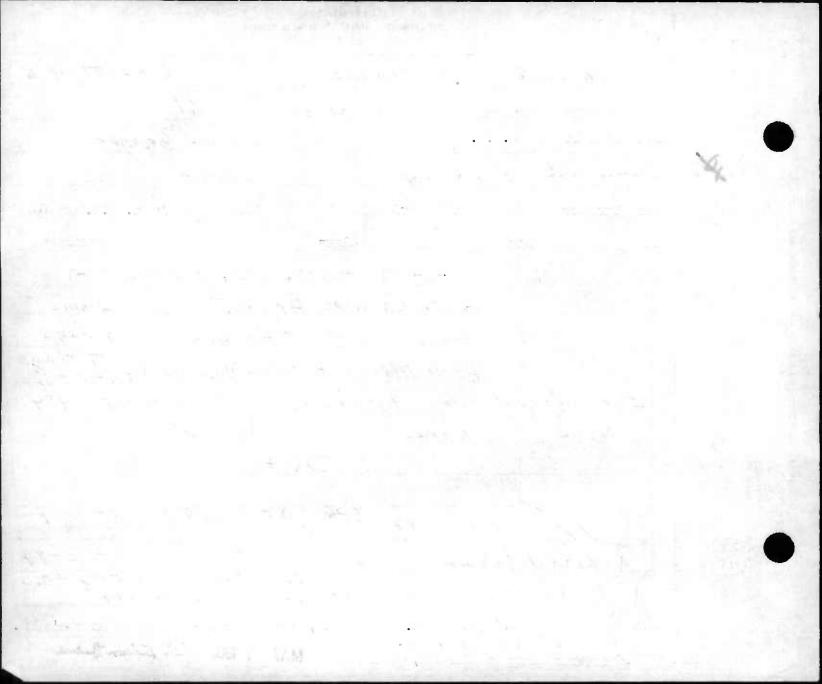
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicien should be detached for use as the burial-transit permit. Then please remove carbon papera, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the haspital or attending physician.

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

6638 Old Alexander Ferry Rd Clinton, Md 20735

NAY 7 1987 July Deviden Registrar's Signature



54309

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	O REG. NO		) la		1
	I. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUI	R
	Corinne	Jarb	ое та	YLOR	May 16, 1	.987		3:1	Opm
١	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER	24 HRS
	Female	Caucasian	Marc	h 2, 1914 YEAR	73	YRS	No DATS	HOURS	perior.
		76. CITIZEN OF WHAT	COUNTRY? 8	D. NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
A	Washington, D.C	U.S.A.	WIDOWE	V	Prince Ge	orge's C	County	У	MD.
0	10 CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 1	26 KIND OF	F BUSINE	
3	Lanham	Doctor's He	ospital of P	.G. County	120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF Dept. of A	gricultu	re	.S.	Govt.
7	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  10. STATE 136. COUNTY 136. CITY OR TO Hyatts			136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3503 Oliver Street 20782			32	
1	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA/	ME MIDDLE		LAST	,	
A			Jarboe	Anna	E.		Be	all	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO.	17. INFORMANT		82 First			
	No	577	-10-0298	Norman Taylo	or (Son) Bu	rke, Vi	rginia	220	15
	18 CAUSE OF DEATH (Enter on	ly one couse per line pr	101, (b), and (c)		4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSE	E CAUSE (O)	unte onte	Gorcommen	1 catring an	reny			
			CONSEQUENCE OF	neury final la	leed.				
	Conditions, if ony, which	(b)							
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF						
	underlying couse lost.	underlying couse lost.							
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART 1:0	>-	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
7	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, WI	ERE FINDIN G CAUSES	OF DEAT	) H?
	III				YES NO	YES [		NO [	]
)		110110 4 11 11		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)		
7	OR CONTRIBUTING CAUSE OF DEA		19	an agarton				10.0	
	216 INJURY OCCURRED  WHILE NOT WHILE [	21e PLACE OF INJE	TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
	AT WORK		,	307		4		~	
	220.1 certify the [1] (II) choupi	tal) attended the deced	ased from £ 1	19	death accurred on the de	16-18	1		we) lost
	show (1) (did) fild no	view the body ofter d		DEGREE	deoth occorred on the di	ore one nour on			red
	226. SIGNATURY	22b. SIGNATORY			MEDICAL STAI	FF _	22c DATE S	BY	
	22d PHYSICIAN S NAME ITHER	unm		PHYSICIAN D	MEDICAL STAL	IAN [	117	10 +	
						0	1 1.	34.3	207
	Peter Schiss			7500 Greenwa		., Green	ibelt,	, Md.	207
	130 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	23b. DATE 05/20/87	Mt. Oliv	emetery or crematory et Cemetery	Washingto	n, D.C	YTAUC	ST	TATE

Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 REGISTRAR 258 REGISTRAR'S SIGNATURE COLOR

DHMH - 16 60M 7/84 (VRA 15, 4)

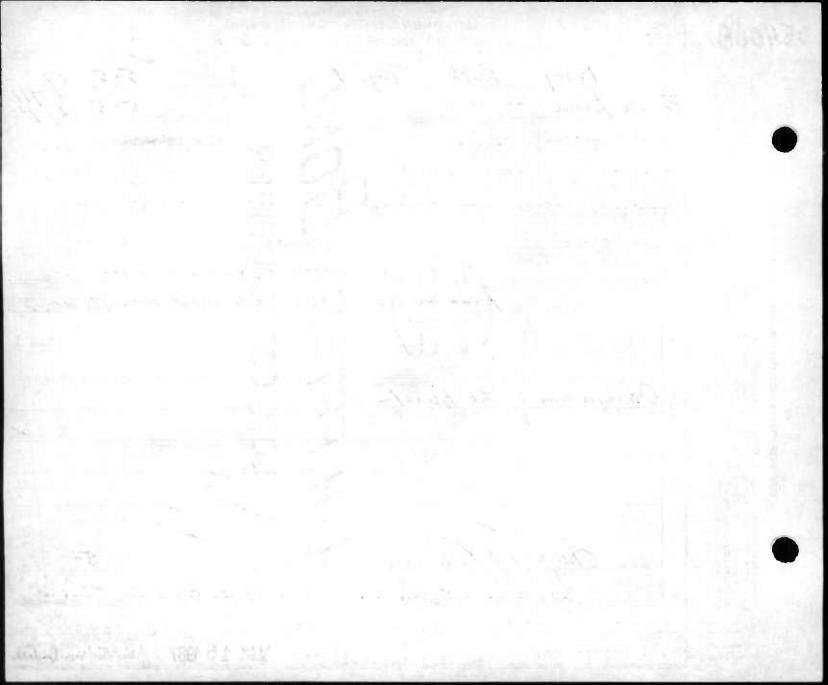
MPORTANT: If them 21 is marked ar Item 18 shows any injury, ar oth

and the same and the same your the summer of the said

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	100	. 3	1	5
	S.NO.	Sugar	1	5
REC	5. NO.			

			NEWISTRAK				KEG.	NO.
			CEASED NAME FIRST	MIDDLE		LAST	70 DATE KNOWN OF ESTI-	ONIH DAY YEAR 76. HOL
	ASE ORS. URS.		17944	KUM	Vayi	OV	DEATH MATED	05-5 1987
	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WARRESTON STREET.	F.	male Black	5. DATE OF BIRTH MONTH DAY 11 22 38	6. AGE (IN YEAR'S IF MELAST BIRTHDAY) 48 YRS.	UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE  MIN PRONOUNCED  DEAD	5-5 87
	FUNERAL 5 FOR YOUNGERAL WARESTON		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUN	NTRY?	ARRIED NEVER MARI	RIED 9 BALTIMORE CITY	Y OR COUNTY OF DEATH
	NEG S. P.		outh Carolina	U.S.A.		OWED DIVOR	CED Prince	George's Co. M
	PAGE 5	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME, OR (	OTHER INSTITUTION	12a USUAL OCCUPATION (	TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY
	T XEROGE		neverly	Prince Geor	rge's		Homemaker	Private
101	IF ANY DELY RETAIN BE SHOULD BE URECORDS	USUA 13a S	L RESIDENCE (IF IN NURSING HOME OF		E BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	20184
212	A PANET SEE AND SEE AN	Ma	ryland Prin	nce George I	Landover	YES X NO	7605 Allen	dale Drive
WD	. (10)	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	DEN NAME MIDDLE	LAST
M.	28 28 1/J	DI	Vero Wideman			Mozel:	1.0	Wideman
MO	E PAGE FORM ON OF		VAS DECEASED EVER IN U.S. ARM		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
ALT	\$ > - 0 s		10		9-58-686	9 Willie	L. Taylor 76	05 Allendale DI
-	WIT. PAGE		18 CAUSE OF DEATH (Enter only	y one couse per like for (q), (b				APPROXIMATE INTERVAL
N	ERW ERW AL.		PART I DEATH WAS CAUSED IMMEDIATE		a and	no second	u Cardiores	enostinoze
STC	A A A A A A A A A A A A A A A A A A A			DUE TO, OR AS A CON	NSEQUENCE OF	-		
0C	MER A		Conditions, if ony, which gove rise to immediate	(b)		1 Tonas		
3	AMIN AMIN VENT		lying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF			
, 20	ON A SAN			(c)				
RECORDS	BE EXECU- ENDING" II WEDICAL E AS A BUR! ALTH AND CREMATIO	-	PART 3 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN P	ART 1 o	
ECO		é	Coremina	of the m	east			
AL R		CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED?		20 AUTOPSY?
VIT	+ 5 11							YES NO M
0	E PER PER PER PER PER PER PER PER PER PE	Ö	UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
ON		N	CONTRIBUTING CAUSE OF D		19			
DIVISION	CERTING DED 1 DEPA DEPA	MEDICAL	21d. INJURY OCCURRED	STREET, FACTORY, FARM, E		LOCATION	CITY OR TOWN	COUNTY STATE
۵	THIS C WARDI WARDI PAGE: STATE D	1	WHILE NOT WHILE AT WORK					
			27a I certify that I took charge	of the remains described obe	ove, held on Au	topsy , Inspecte	on . Inquiry .	ond in my opinion
	EXAMINER: CERTIFICATE VULD BE FORE I, WITH THE S MARYLAND,		death resulted from. Natura	ol causes . Accident	, Suicide	, Homicide .	Undetermined monner	],
	WIT WIT WAR		Aug		/	TITLE (SPECIFY)		,
	CAL EXA THE CER SHOULD BRAL DIR SATH, WI SRE, MAR		SIGNATURE /	oru francy	yus/	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED
	NNE SI		EXAMINER'S NAME	//			Shell of the last	The state of the s
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M	-	(TYPE OR PRINT) Aug					emple Hills, MD
	EDSEA9	23a.Bl	JRIAL, CREMATION, REMOVAL 23		NAME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
7/84 5M	BP			5/9/87 Ha	armony M	emorial	Landover, P	.G. Maryland
	DHMH - 17		N. Horton Co.	ADDRESS 600	Kennedy	St. N. WDATE	MANY 4 5 4007	GISTRAR'S SIGNATURE
	(VR A15 ME (5))	K	N. HOLLOH CO.	Washin	gton, D. C	.20011	MPHI TO DO!	Julia Dendern- Kandal



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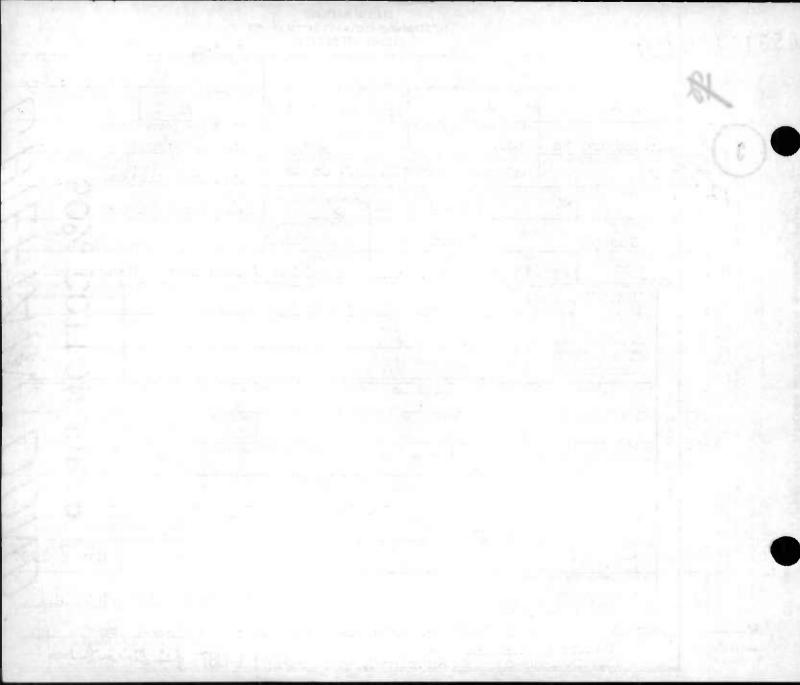
FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1500	-3	1	-
2	60	8	
-			

W	15	REGISTRAR			CERTIF	ICATE OF DEA	ATH	8 REG. N	10.	5 4 1	7	
		CEASED NAME FIRST	- /	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
+		TONY	JOS	SEPH	TER	RIZZI			MAY	5 1987	6:45	Рм
1	3, 5E)		4 RACE		5. DATE C			AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HOURS	HRS
1	1	Male	Whit	.e	Octo		1915	7:	YRS.		7.00.5	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MAR	RIED 1	BALTIMORE CITY	OR COUNTY	OF DEATH		
2		rhesboro Pa	USA		WIDOWE	DIO	RCED	Prince (		e		MD.
$\frac{2}{2}$	ÁA		Mateo	OSPITAL, NURSIN	'MEDI			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST retire)	OF WORKING LIF	126. KIND OF INDUSTRY I tary	BUSINESS	OR
1	730.5	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, NTY	Washing	/N	IES FW IA		2818 Er	/ ZIP CODE	reet 8	1999	7
1	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S M		E MIDDLE	70.61	EAST	OF	
		Joseph		Terriza	zi	Nico	lina		M	assillo	0	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDR				
7		es 1932	-1963	174-16	-2015	Ange.	line d	J Terriz	zi	Sameas	#13	562
	NO	18. CAUSE OF DEATH. (Enter only ane cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  (CARDIOPULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF  Conditions, it any, which gave rise to immediate couse (a), stating the underlying couse last.  (c) CARDIOMYOPATHY  DUE TO, OR AS A CONSEQUENCE OF  (c) CHRONIC RENAL FAILURE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
1	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES C	GS USED OF DEATH?	?
0	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME O		AY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ				
1	IA:	OR CONTRIBUTING CAUSE OF DEA	4113		AY YEAR	1000						
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE NAT WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STAT	TE
		22a 1 certify that (1) (this hospi	tal) attended the	deceased from		RUARY	1987	, to 5 MAY		19.8/	hat (I) (we	) last
		sow the deceased olive on	5 MAY	19 0		nd that in (my) (ou	r) apinion de	eath occurred an the o	date and hav	ond from the co	ouses state	d
		D- Pa	ten	John Dauth.			NDING SICIAN IXI	MEDICAL STA		22c. DATE S May		.987
1		THE PHYSICIAN'S NAME THE	KPRed)	1000		22e ADDRESS						
		DAVID PATER				MALCOLM	GROW	USAF MED C	EN AAI	FR MD 20	331	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CRE		23d LOCATION	7,171			_
	В	Surial	8May1	987 Re	surre	ction (	emet	ery Cl	inton	PC	STAT	D_
		NAME ROBert E	Wilhel	m ADDRESS				REC'D BY REGISTRA	R 25b REGIST	RAR'S SIGNATU	RE	
		Funeral	Home	Suit	tland	Md.	IMAY	1 1 1987	Julia Di	indern-Rom	dus.	

DHMH - 16 60M 7/84 (VRA 15, 4)



	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 <sub>REG. N</sub>	10.	5 2	8 4
87		CEASED NAME OR PRINT)	Edv	TT	ATTIE T	om	as,	20 DATE OF DEATH	5 6	87	10:30 10:4M
	3 SE	x Temale		4 RACE White		Jul	DAY YEAR	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 74 HRS HOURS MIN.
1	Wa	RTHPLACE (STATE OR F COUNTRY) Shington	DC		WHAT COUNTRY?	WIDOWE		PRINCE	OR COUNTY	OF DEATH RGES	COUNTY
6	CI	LINTON		SOUT!	HERN M	ARY	LAND HOSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Data Pro	OF WORKING LIF	E) INDUSTRY	GOV T
3	Ma Ma	AL RESIDENCE (IF NURSI STATE Aryland ATHER'S NAME	13b COUN		13c. CITY OR TOW Forestv	N	13d INSIDE CITY LIMITS? YES NO		nell	Drive	735
1	/ F	Harry			albert		Elizabe	th	Foc	Talbe	rt
		(YES, NO OR UNKNOWN) (IF YES, GIVE WA			166 SOCIAL SECU	RIIY NO.	William H Thomas So			me as	
		18 CAUSE OF DEATH (Enter only one couse per limiter to), (b) and (c) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  A CAUSE OF DEATH (Enter only one couse per limiter to), (b) and (c)								BETWEEN C	PURET AND CHAPTE
		Conditions, if any, gave rise to imm cause (a), stating underlying couse	rediote	DUE TO, O	Myoca	net of	ided infarction				
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D					NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVI	EN IN PART Tro	,
1	CERTIFICATION	190 DATE OF OPERAT		196 COND	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES	
1	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	ρ.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART I ORPART 21	
	MED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	INE C		REET, FACTORY OFFICE FA	ARM, E1C)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
1		22a I certify that (1) saw the decease above (1) (we (d) 22b Stand Up)	d olive on	5/6	19		d that in (my) (and apinion of	death occurred on the d	ote and hour		
		XV.		Vatt	2500	M		MEDICAL STA	FF	15/	6/87

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. In the state of th TO HOSPITAL Suitland 230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial 23h DATE 8May1987 Cedar Hill Cemetery BP. 24 FUNERAL DIRECTOR
ROBert E Wilhelm
Funeral HOME DHMH - 16 50M 1/81 (VRA 15, 4)

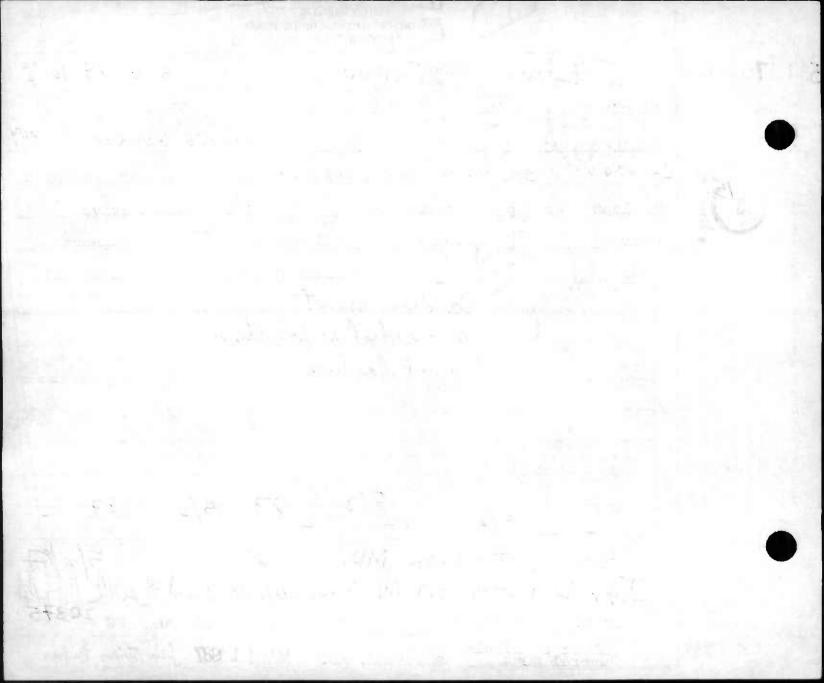
Suitland, Md.

22e ADDRESS

D BY REGISTRAR 25 REGISTRAR'S SIGNATURE

1 1987 Julia Dondon-Radas

PG



ID FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and camp

MPORTANT: If Hem 21 is morked og outd be detached for use as

DHMH - 16 60M 6633

052761 1147

	DEPARTMENT OF DE									
	REGISTRAR			ICATE OF DEATH	REG. NO		0 1			
	1 DECEASED NAME FIRST (TYPE OR PRINT) DOVIA	MIDDLE B.		ornton	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR 8:55 a					
		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		M			
	Female	Caucasian	Apr	L - DAY YEAR -	82	YRS YRS				
5	JeaBIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED	Prince Geo		440			
)		1. NAME OF HOSPITAL, NURSING 4702 Cede 11 P1.	G HOME C	747	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) HOTEL					
			4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4702 Cede		0748			
)	14 FATHER'S NAME FIRST Ambrose	D. Blake		15 MOTHER'S MAIDEN NAM	C. MIDDLE	Higgi	nbottom			
1	160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V NO n/a	ED FORCES? 166 SOCIAL SECUR NAR OR DATES) 236-26-24		17 INFORMANT (grand Carolyn Smith	daughter)DRE	e as 13 a -	e			
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate couse (a), stafting the underlying cause last.		NCE OF LECT	a jeste ne en otto act	cheral des	eth between	DXMATE INTERVAL N ONSET AND DEATH			
		NOTIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN PART	lia			
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	. 196 CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES				
		21b. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR 19							
	OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE			
	220.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did) (did not)	19		d that in (my) (aur) opinion o	, to on the da		, that (I) (we) last ne causes stated			
	22b. SIGNATURE	and e	(	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	TE SIGNED			

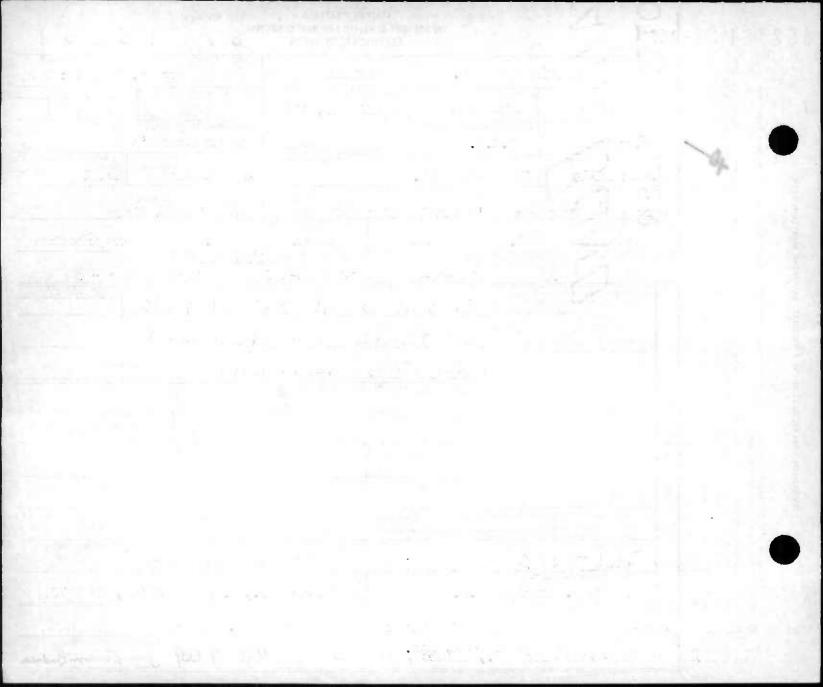
Robert J. Gereige M.D. 4410 74th Ave., Landover Hills, MD 20784 230 BURIAL, CREMATION, REMOVAL BURIAL 23c NAME OF CEMETERY OR CREMATORY St. Albans W VA May7, 1987 Cunningham Cemetery

22e ADDRESS

Old Alexander Ferry Rd., Clinton, MD 20735

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 7 1987 Julia Davidson

Julia Davidson Randows



	1 - STATE 7 REGISTRAR	DEPAR	CERTIFICATE OF DEATH	YGIENE REG. NO	5282					
	1. DECEASED NAME FIRST (TYPE OR PRINT)  ADEI	LINE Rebecca	THRIFT	2a. DATE OF DEATH	05-24-87 26 HOUR 11 :37AM					
	3. SEX Female	Caucasian	5. DATE OF BIRTH March 21, 1915	6. AGE (IN YEARS LAST BIR	YRS MONTHS DATS HOURS MIN					
200	70 BIRTHPLACE (STATE OR FOREIGN VILLE ON FOREIGN	U.S.A.	8.   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	DPINCE CE	R COUNTY OF DEATH EORGE'S COUNTY					
L	CHEVERLY		SING HOME OR OTHER INSTITUTION ESTAPPRESS PITAL CENTER	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOUSEWITE	ON 126 KIND OF BUSINESS OR INDUSTRY OWN Home					
10.00	AL RESIDENCE IF NURSING HOME OF Maryland 136. COU		OWNILE 13d. INSIDE CITY LIMITS YES NO	3634 Dean	Drive Apt. K-1 2078					
į	FATHER'S NAME GEORGE	MIDRIW. Daw	son Isabella		Mankins					
	16a WAS DECEASED EVER IN U.S. AR NYES, NO OR UNKNOWN) (# YES, GI	MED FORCES? 166 SOCIAL SE 228-18		ADDRE nar (Daughter	<ul><li>3634 Dean Drive #K</li><li>Hyattsville, Md.2078</li></ul>					
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: TE CAUSE (a)	UROSEPSI)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 days					
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV								
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO					
	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH P.M.	DAY YEAR 19 211. LOCATION	19						
	AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) STREET	CITY OR TO						
	220.1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	220.1 certify that (I) (this hospital) attended the deceased from September 19 85, to May 211, 19 87, that (I) (we) lost sow the deceased alive on May 241, 19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.								
	The	Scrard hy	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF						
	22d. PHYSICIAN'S NAME (17PE)	SERAND		imore aux 40	1 College Pk, and					
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		e NAME OF CEMETERY OR CREMATOR letropolitan Cremat	CITY OF TOWN	ia Virginia					

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If hem 21 is marked or hem 18 shows any

ិក្ខាងក្រុះ្ត្រី Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 28 1987

South A

1				STAT	E OF MARYLAND	CATAL STO	) I HOLD			
	1 -	FOR STATE REGISTRAR			ICATE OF DEATH	8 7 REG. NO.	1 5	2	8 3	
2		CEASED NAME FIRST	MIDDLE	L	AST	26 DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR	
/	TALE	MAGDA MAGDA	ALENE C.	TRUI	PPNER	0	5 17	87	5.30 PM	
1/	3. SE)	(	1 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD		DERTYEAR	IF UNDER 24 HRS	
	F	emale	Caucasian	Feb.		72	YRS.	DAYS	HOURS MIN.	
24		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR		EATH		
20		aryland	USA	WIDOWE		PRINCE GEOR	GE'S		MD.	
711		TY OR TOWN OF DEATH	ELE NOT IN SUCH EACHITY	L, NURSING HOME (	OR OTHER INSTITUTION	176 USUAL OCCUPATION	ORKING LIFE) IN	KIND OF	BUSINESSOR	
I	1		PRINCE GEOR		ITAL CENTER	Board Chair	man G	Gift shops		
36	13a. S	AL RESIDENCE IN NURSING HOME OR ITATE 136. COUNTY Prince	NTY 13c. CIT	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 7120 Lois		21	0706	
10		THER'S NAME			15. MOTHER'S MAIDEN NAME					
06		George	MIDDLE	omer	Margue	rite	Andrewi	eski		
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS			-0.3	
	n		(E WAR OR DATES) 579	-26-0254	Michael S.	Michael S. Truppner sam				
9 13		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:							NATE INTERVAL INSET AND DEATH	
		IMMEDIATE CAUSE (0) CARDIO - KESPIRATORY TAILURE								
		Canditians, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	C. CANCE	R		3M	ONTHS	
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF	10	21001		21	In a cole	
2			NARY		5d. l	LONIN				
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO				YES, WERE FINDINGS USED		
market.	TIFE		CARCIN	CHA OF	YES NOW YES YES			NO [		
6		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJUR HOUR A.M. MO	Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM IB PART I O	RPART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	_	19	211 LOCATION					
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	CC	OUNTY	STATE	
		22a 1 certify that (1) (this haspi	tal) attended the decea	sed from JAA	) 1 , 19.87	to MAY 17	198	7	hat (II (we) last	
	1	saw the deceased alive an abave, (I) (we) (did) (did as			nd that in (my) (must opinion	death occurred on the date	and have and	fram the c	auses stated	
		226. SIGN ATURE	-10	7	DEGREE	ALEDICAL STAFF	2	20 DATES	IGNED	
		Parmul	An Duy	er r		MEDICAL STAFF DIRECTOR PHYSICIA		5-19	8-87	
1		27d. PHYSICIAN'S NAME (TYPE O	OR PRINT!		27. ADDRESS 463	7 EASTERA	1 AUG	NUI	P	
1	-	UPHUEL V.	N. DUGAI	5	MT. RAINI	ER MD - 2	0712	-		

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT; If Item 21 is marked or Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN. The

(VRA 15, 4)

24 FUNERAL DIRECTOR
Beall Funeral Home

23g BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial May 21, 1987

234 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

16000 Annapolis Road Bowie, Maryland

MT. RAINIER MD - 20712

METERY OR CREMATORY
COIN Cemetery

Brentwood, Maryland
Road

250 Date REC'D By REGISTRAR'S SIGNATURE
MAY 20887

Ands this next test to the state of the stat The state of the s and the betaless of the second Beall August Land ... Ports Mary Dec-

DHMH - 16 50M 4/B2

(VRA 15, 4)

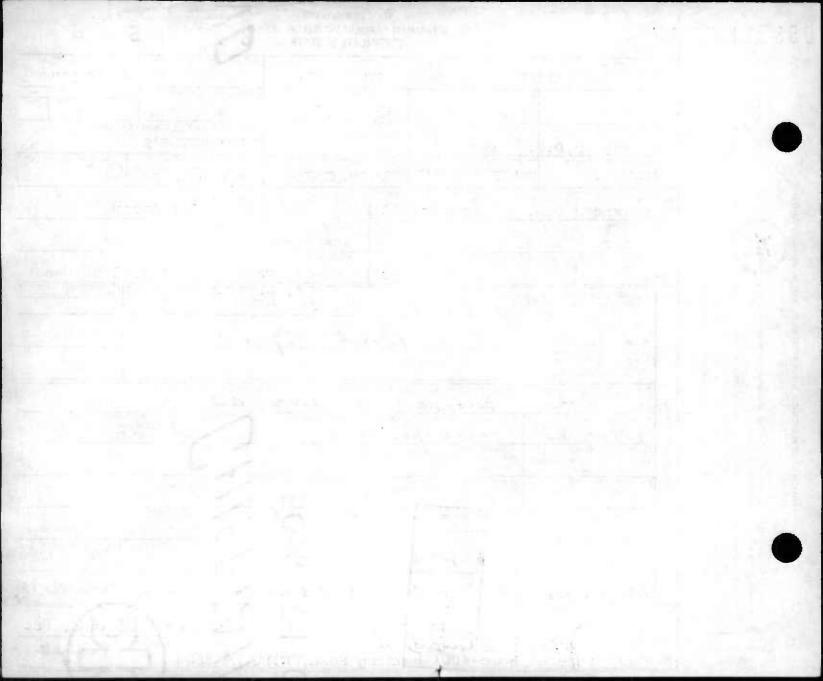
Funeral Home-4001 Benning Road, Stewart

Burial

May 8,1987

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

in Durdon pandett



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	STATE OF MARYLAND	
EP	ARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	Ö

1	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HY	8 /	G. NO 5	3.	8 =	
0	tothis -	FIRSTIC	Kei	James	Edw	ard Tucker	) 20 DATE OF DEAT	TH MONTH S	13-87	1 6-4 M	
1.3	M	1	Blee	-{(	5. DATE C	Day WEAR	6 AGE (IN YEARS LA		IF UNDER I YEA		
7a 1	BIRTHPLACE (STATE OR FOIL COUNTRY)  Maryland	REIGN 76	USA	VHAT COUNTRY?	MARRIE WIDOWE		PLIN	CA- C	OF DEATH	Cus Comp	
10 (	CLINTON	Н 11.		OSPITAL, NURSING FACILITY, GIVE STREET		HOSPITA	12a USUAL OCCU		12h KIND	OF BUSINESS OR	
M	aryland	g HOME OR OTH 3b. COUNTY Princ		13c CITY OR TOW		13d Inside City Limits?	13e STREET ADDRI 14506	ESS Elm ST.	Вох	20772 193	
	ATHER'S NAME FIRST Rufus	MID		Tuck		IS MOTHER'S MAIDEN N	L	ottie	l.	Franklin	
	WAS DECEASED EVER IN (YES NO OR UNKNOWN) n O	U.S. ARMEI	AR OR DATES)	213 36		Barbara T		SAA			
	Conditions, if ony, gove rise to imme cause (o), stating underlying cause	S CAUSEĎ B MMEDIATE C which diate	AUSE (	ANCE ANCE AND ANCE ANCE AND AN	1	Est Li	ETY.		BETWEE	A CHOSET AND OR ATH	
CERTIFICATION	PART 2 OTHER SIGNIF				NOT RELATED TO THE TER	MINAL DISEASE OR C	20b. IF YES.	, WERE FIND			
MEDICAL CERTII	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e. PLACE (			A. MONTH DA	AY YEAR 19	YES NO YES NO YES NO YES NO NEW 18 PART I COMPANY NOTION N				NO DI OR PART 2)	
	220. I certify that (I) (# source deceosed prove (I) (we) (did 226. SIGNATULE	his hospital)	111/	(/) 19		d than (ny) (aur) opinio		he date and hour		, that (1) (we) last e causes stated E SIGNED	

276. PHYSICIAN'S NAME 22e ADDRESS CREMATION, REMOVAL Burial 231. NAME OF CEMETERY OR CREMATORY 236 DATE

MPORTANT: If Item 21 is marked or Item 18 shows

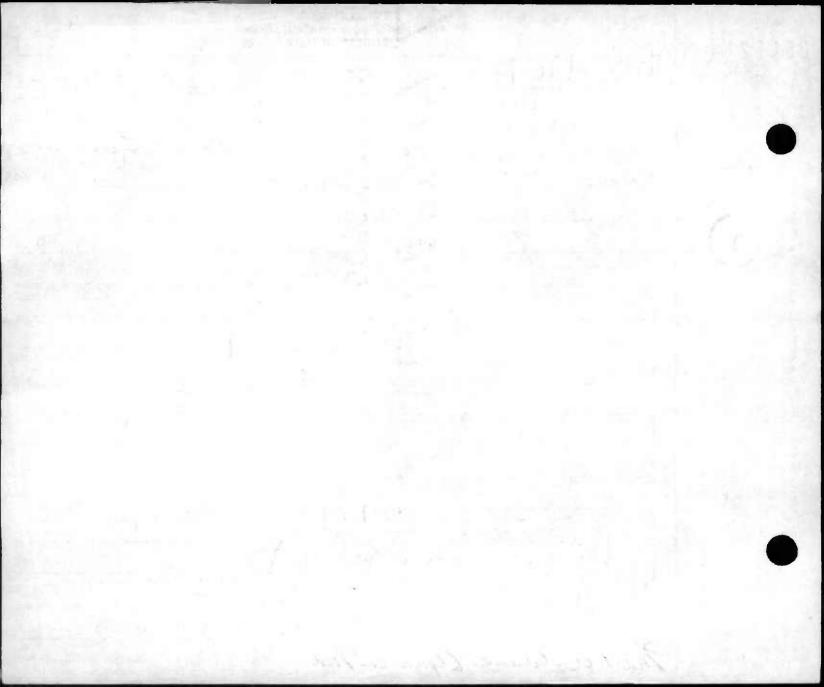
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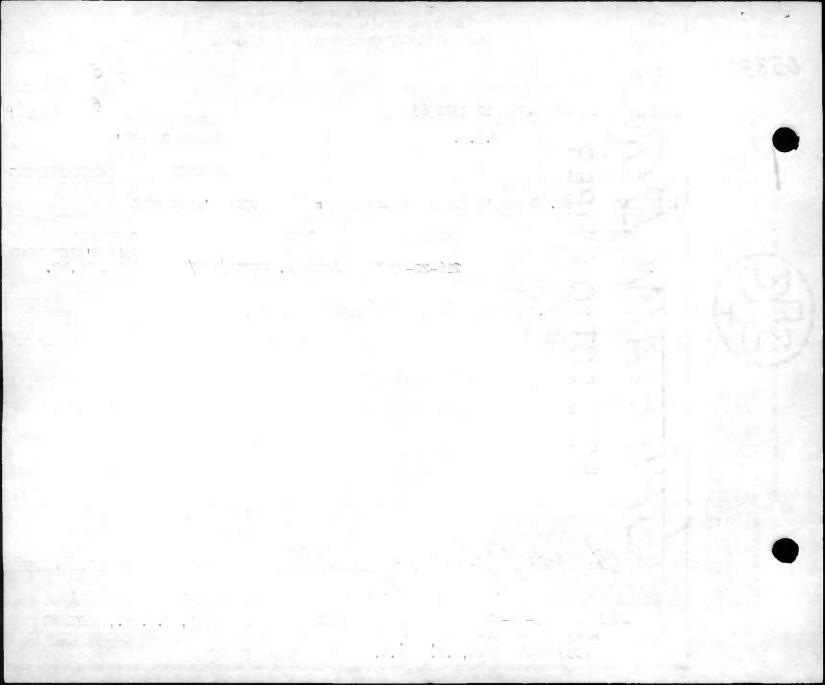
18 May 87 nartell adams, aguarco mis

Lothian, Moses Cemetery Annarundel, Md

MAY 27 1987 Julia Deviden & Julia Divideon Randall

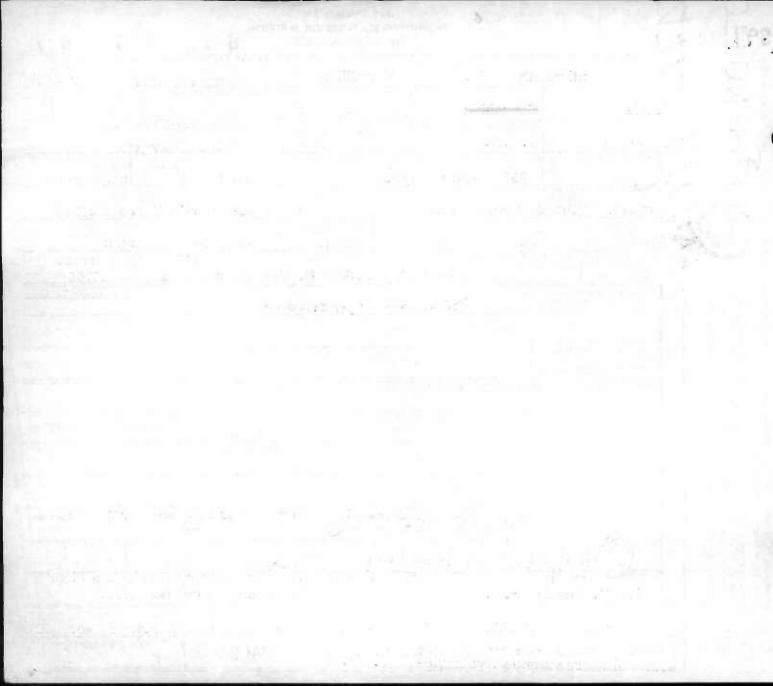


			FOR		PEPARTMENT OF H	EALTH AND MENTA	L HYGIENE	
			STATE REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICATI	E OF DEATH REG. NO.	5 4 0 0
53	3320	I. DEC	CATHE	RINE L	OUISE T	URNER	OF ESTI-	May 19 87
	AARY, HEAVING DIRECTION 72 ICON	-	MALE BLACK	5. DATE OF BIRTH MONTH DAY  JUNE 12  76. CITIZEN OF WH	YEAR LAST BIRTHDAY) 1921 65 YRS		DEAD	May 6 19 87 4:22
	NECES PUNER WITH	FO	TARYLAND	U.S.	A		ORCED   PRINCE GEO	RGE'S
6	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Up	per Marlboro	9345 D A	PITAL, NURSING HOME, ( CILITY, GIVE STREET ADDRESS) rcy Road	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF DOMESTIC	DE WORK 12h KIND OF BUSINESS OR INDUSTRY HOUSEKEEPIN
212017	AND 3 AND 3 HETAIN		RYLAND 136 COUL	OR OTHER INSTITUTION, GN	PPER MARL BO	ORO 138 INSIDE CITY LIMITY YES NO		AD 20772
RE, MD.	25 S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. FA	THER'S NAME FIRS NORMAN	MIDDLE	HARRISON	15. MOTHER'S M		GALLOWAY
ALTIMO	JIRS AFTER IS. GIVE PAGEWITH FOR DIVISION	16a W	AS DECEASED EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	216-22-0387		DIGGS/SON/UPPER	9345 D'ARCY ROA MARLBORO, MD.
N ST., B	HOURS EM 18. C NG WII ERMIT. P ENE, DIV	18	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE)			ic cardiore	nal vascular disea	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. PRESTON ST	THIN 24 IL IN IT IER ALC ANSIT PI AL HYGI		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE OF			
3	EXAMINED WI		couse (a) stating the under		AS A CONSEQUENCE OF			
RECORDS, 201	EXEC DING DING DING A BU TH AN EMAT	NO	PART 2 OTHER SIGNIFICANT CONDITION Diabetes mellit		OUT NOT RELATED TO THE TERMINA	IL DISEASE OR CONDITION GIVEN	IN PART 1 (d)	
	HOULD BY THEF MEI THEF MEI USED AS OF HEAL	CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH OPERAT	TION WAS PERFORMED?		20 AUTOPSY?  YES □ NO 🔏
DIVISION OF VITAL	THE WOOD THE COULD BE RYMENT		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
DIVISIO	ARITING ARDED T ARDED T AGE 3 SH ATE DEPA	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	KAMNER: THE STEEL OF BE FORW, DE BE FORW, PARTHER STEEL OF STEEL O		22a I certify that I took char	rge of the remains desc ural couses X,	rribed above, held an Accident , Suici	de . Hamicide	Undetermined manner ,	in my opinion
	TO MEDICAL EX, EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DII AFTER DEATH, W BALTIMORE, MAI		SIGNATUR SAME AND	AT J. K	John Mary War	Deputy	MEDICAL EXAMINER	DATE May 7, 198
	TO ME EXECUTE PAGE TO FU				driguez, Ø/I		Rayburn Ct , Temp	ole Hills, MD
07/84 25M	BP		IRIAL, CREMATION, REMOVAL BURIAL		HARMONY (		LANDOVER, P.G.	•
23/VI	DHMH - 17 (VR A15 ME (5))	24 FL	NERAL DIRECTOR OT T, TN	HUNT PLACE	N.E. D.C.	230. DA	AY 1 2 1987	HAR S SIGNATUR



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	TO HOSPITAL OR ATTENDING PRESCIAN THE retoined by the hospital as attending physician	TO FUNERAL DIRECTOR. After the certificate has been upleat by the offending physician and implicitly mad in by should be detached for use as the burial frame permit. Then please remove corbon papers. Footer or of 25 hours be to	with the State Dept of Health and Mental Hygiene prior to burial, premotion, or remoral.	Y Y
	TO HOSPITAL OR ATTENDED PHYSICIAN. The law requires that the death certificate be executed within 24 hours retained by the thought is attended physician.	- 10	5	MPORTANT: If Item 21 is manufactor from 28 hours any injury; or other troumotic event, the medical control of

O HOSPITAL OF ATTENDAGE PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours often death. Page 4 miny be storined by the hospital is otherwise physician.  O FUNERAL D RECIDE After the certificate has been updated by the otherding physician and impletely fleed in by the landeral director, page 3 should be detected for use in the burial remain perma. Then please remove corbon pages. Pages in the Barrier of Member Property and Remain Hygiens prior to burial, cremotion, or removal.	JUN -		Film #G628, Item #4, 6/8/87 Sib STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  FILM #G628, Item #4, 6/8/87 Sib STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  FILM #G628, Item #4, 6/8/87 Sib STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  FILM #G628, Item #4, 6/8/87 Sib STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH									R /		
			CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH	O. DA	Y YEAR	26 HOUR		
1 mg			OR 80 to 71	Elizab	eth	٧.		rmillion		5, 1987	TEAR	7:20 AM		
BP		3. SE			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS		
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retoined TO FUN	35		RTHPLACE (STATE OR COUNTRY) aryland	FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED DI						
0	20	L	TY OR TOWN OF DE anham		6312 I	Martin Te	rrace	DR OTHER INSTITUTION	120. USUAL OCCUPAT ETYPE OF WORK FOR MOST OF Housewife	ION OF WORKING LIFE)		F BUSINESS OR		
24 hou	3	J30. S	AL RESIDENCE IF NUR TATE aryland	136. COUN	other institution ITY  ce Geo.	13c. CITY OR TOW Lanham		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6312 Mart	/ ZIP CODE	race 2(	0706		
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e and	medica		VAS DECEASED EVER VES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		William H. Ve	631	<sup>2</sup> Marti ham, M				
of the board of th	1/		18 CAUSE OF DEA	TH (Enter on	ly one couse pe	r line far (a), (b), an	d (c)					MATE INTERVAL		
the physical series			PART I. DEATH V		D BY: E C AUSE (o)	ONAR	100	CAMCIHOM	4					
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require Them	Aurilian A	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								N IN PART 110			
he low on. hor be ? perma	9	CERTIFICATION	190 DATE OF OPERA	ATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES			
g physic erflicate iglinate mal had	9		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA		DF INJURY .m. Month Da .m.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIOR PART 2)			
otherdin ter this o	1	MEDICAL	21d INJURY OCCUR	HILE []	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE		
OTTENDRA spital or CTOR, Al for vier of al Health	21 11 1110	8	22a.l certify that (I				Jun 7.00	nd that in (my) (our) opinion o	, to	ote and hour	and from the c	hot (we) lost couses stoted		
y the to XAL D RE detoclinations Directly	7. H H		22b. 5 10 NATUR	Ner	W.	11	_W	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c DATE S			
HOSPII oined b	PORTAN		Ralph V.			~			Queensbur dale, Mary			Floor		
5 p 5 4 3	3		URIAL, CREMATION		236 DATE	The second second second	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
BP			Buria	1	05/29	/87 Fo	rt Lir	ncoln Cemetery						
DHMH - 16 60A (VRA 15, 4		Fi	neral Director ancis Gas 39 Baltime	ch's S	ons Fu venue H	neral.Hom	ne, P.	A. 20781	MAY 2 8 198	356 REGISTR	ar a signati	HE Kandalia		



director.

FOR - STATE

DEPARTM	NENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	Sanai	REG.	20.	5	2	පි	8
MIDDLE	l	AST		20 DATE	OF DEATH	MONTH	OAY	YEAR	2b. H	OUR
В.	AIKI	NGSTAD				05	04	87	2	30P11 <sub>M</sub>
ian	5. DATE C		1904	6. AGE 82	IN YEARS LAST	BIRTHDAY	MONTH	DAYS	IF UNI	DER 24 HRS
F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER /	MARRIED		MORE CITY			EATH OUNT	Y	MD.
FHOSPITAL, NURSING UCH FACILITY, GIVE STREET AS GEORGES N				(TYPE OF	ALOCCUPA WORK FOR MOS LEMAN		S LIFE   IN	DUSTRY		rminal
13c. CITY OR TOWN	ITY LIMITS?	13e STRE	ET ADDRES	S/ZIPCC			21	0853		
ersen Dale			S MAIDEN NA FIRST NO	ME	MIDDLE HOLL		47	ilsdo	ıt	
16b. SOCIAL SECU		17 INFORMA			ghter	A30!	5 Fee	teral	Single	t.
er line for (o), (b), one								APPROXI BETWEEN	MATE IN ONSET A	NTERVAL AND DEATH
or as a conseque	NCE OF									
OR AS A CONSEQUE	NCE OF									

REGISTRAR I. DECEASED NAME FIRST (TYPE OR PRINT) PETER 3. SEX 4 RACE male. Caucas To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN O COUNTRY) Narwau NAME O CITY OR TOWN OF DEATH (IF NOT IN S CHEVERLY PRINCE USUAL RESIDENCE (IF NURS SHOWE OR OTHER INSTITUTION 130 STATE Maruland ontoomeru 14 FATHER'S NAME Karl 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 110 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0)\_ DUE TO, Conditions, if ony, which (b)\_ gove rise to immediate couse (o), stoting the DUE TO underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 drome CERTIFICATION rain 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) Ithis hospital) attended the deceased from sow the deceased alive on the body ofter death. and that inj(my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL mo ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS ,0300 colonowite 230. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPEC IFY) CITY OR TOWN Ft. Lincoln Comotoru Prince Georges Brentwood 24 FUNERAL DIRECTOR Francis J. Collinsus Jr.

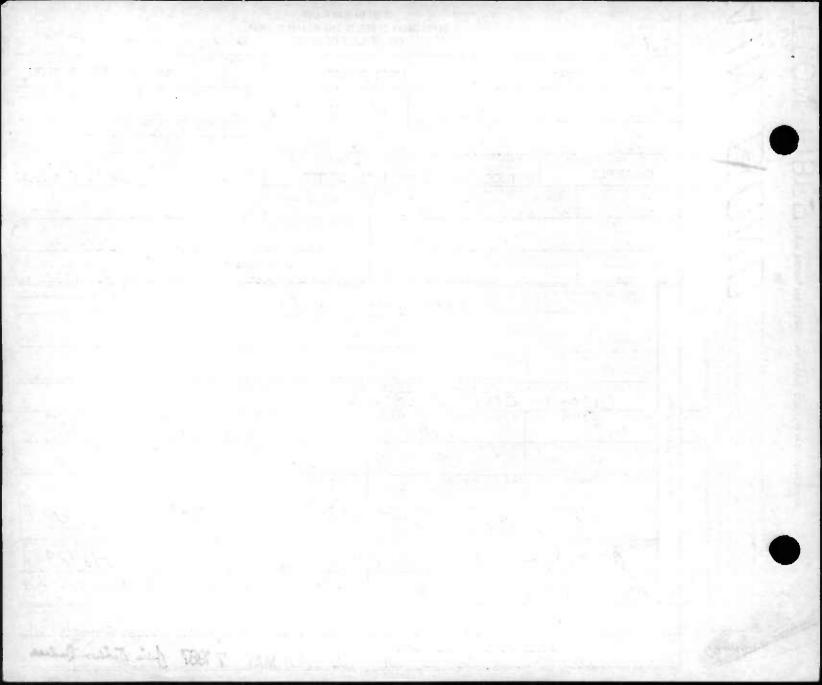
Silver Spring

DHMH - 16 60M 7/84 (VRA 15, 4)

Ald he deto

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500 University Blud.



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FOR

- STATE

		T	A	TE	0	F	M	ARYL	AND	
A	DEMENT	0	E	ur	AI	T	ш	AND	MENT	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.				10
20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
41	MAY	11	1987	12:	34a
6. AGE (IN YEARS LAST !	BIRTHDAY)	IF U	NDER I YEAR	IF UNDER	R 24 HR
51.		MONT	HS DATS	HOURS	MIN

The state of the s						REG.	NO.				60
1. DECEASED NAME	FIRST	MIDDLE	1.4	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HO	UR
(TYPE OR PRINT)	JEAN	EVELYN	WALI	KER			MAY	11	1987	12:	34a
3. SEX		4. RACE	5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY)	_	DERIYEAR	IF UNDE	
FEMALE		BLACK	MAR	23	*53°3	54	YRS	MONTE	DATS	HOURS	MIN.
	OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER M		9 BALTIMORE CITY	OR COUNT	Y OF E	DEATH		
VIRGINIA		U.S.A.	WIDOWEI		ORCED	Bru	nie )	Ger	,		M
10. CITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NU		ROTHER INST	ITUTION	120 USUAL OCCUPA			L KINDO	FBUSIN	ESS OF
CAMP SPRING	S	MALCOLM GROW	HOSPITA:	L	100	SUPERVI			CENSU	S BI	JREA
130 STATE	13b COL		TOWN	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS			- 1	) <u>_</u>	
M.D.	P.(	G. DIST,	HTS.	YES 📉	NO 🗌	1407 SHA	DY GL	EN ]	DR.	0,	14

M.D.	P.G.	DIST, HTS.	YES K NO	1407 SHADY GI	LEN DR.
SIDNEY	MIDDLE A.	LATTIMORE	15. MOTHER'S MAIDEN NAME EVELYN	WIDDIE	ENNIS
160 WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 230-38-2152	IFON WALKER SI	R. DIST. HIS.	GLEN 28747
	TH (Enter only one couse per VAS CAUSED BY:	r line for (o), (b), and (c).)  CARDIAC ARR	REST		APPROXIMATE INTERVAL BETWEEN ONSET AND DE

PART I. DEATH WAS CAUSE IMMEDIAN	D BY:  TE CAUSE (0)  CARDIAC ARREST	
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF  ( (b) ASTHMA	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

190.	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
				YES NO	YES NO			
OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)			
WH	INJURY OCCURRED	21e. PLACE OF INJURY  [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	WN COUNTY STA			

\_19<u>87</u>, and that in (%) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on II MAY above, (K(we) (did) (MXXXI) view the body after death. 22¢ DATE SIGNED DEGREE

PHYSICIAN

ATTENDING STAFF MEDICAL 11 MAY 87

22e ADDRESS

LIBERATUS DEROSA, MAJ, USAF MC

MALCOLM GROW USAF MC. ANDREWS AFB MD 20331

DIRECTOR PHYSICIAN

	, ,				A COLUMN	Maria da	A	1	
BO BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME O	F CEMETERY OR CREMA	TOM A 123 L	CANDON	guller	D. Con Co.	100 Cap	A CONTRACT
(SOECIEV)				****	THEY FOR LET WITH	. (.)	17 /70 16 17 W		

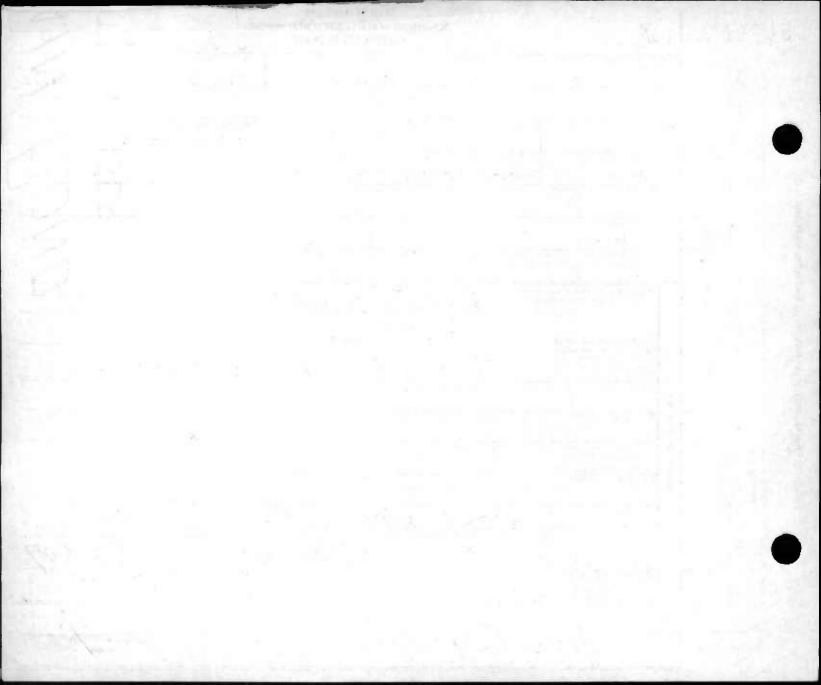
BURIAL 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC.

4339 HUNT PLACE, N.E.

				5	TA	TE	OF	M	ARY	L	AND	
P	Δ	RT	ME	NT	OF	HE	AL	H	ANI	D	MENT	7

/ REG. NO	1	5	2	7	

54996 Juli	-1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	0 1	G.NO	5 2	90
m 6		EASED NAME	FIRST		MIDDLE	f	AST	20 DATE OF DE A	HINOM H	DAY YEAR	26 HOUR
nay be page 3			ру	Juni	or	WALK	ER.	May 2	25,1987		10:30 <sup>P</sup> <sub>M</sub>
mo)	3. SEX			4. RACE		5. DATE C		6. AGE IN YEARS LA		MONTHS DA	
90 e		Male		Blac		-	ri1°^29, *19		YRS		
d 45		THPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIEI	XX NEVER MARRIED	9 BALTIMORE CI			
B 11 12	2	Virgini Y OR TOWN OF DEAT		USA	110001711	WIDOWE		120 USUAL OCCL	George		MD
ol softer	14	nham		Doctors	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET HOSPITA	ODRESS)	Pr. Geo. Co.			on - La	oof Business or bor Fore-
Pour Pour	13a S1	RESIDENCE (# NURSIN	NG HOME OR	OTHER INSTITUTION	136. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / ZIP COD	=21	785 man
AND 124		ryland		PG	Lanha		YESXX NO	3200 R			Apt. 212
RYL BY	VI	HER'S NAME FIRST	,	WIDDIE	(AST		15. MOTHER'S MAIDEN N.		116		IAST
W P P	R	y Walker					Celia W	atson			LAS!
AORE, and co oge codical		AS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	A	DDRESS		5 5 TO SET !
BALTIMORE, MARYLAND 2 core be executed within 24 horysicion and complete. Page N. vol. 1. vol. 1. vol. 1. vol. 1.		no	Ç. 123. O.11	TAN ON DATES	227 54	621	O Carolyn	Walker-F	riend-	3200	Reed Stre
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ORD PHYSICIAN: The law requires that the death cert attending physician.  After this certificate has been signed by the attending of the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremotian, or re- orked ar Item 18 stows any injury, or other traumatric e-		Conditions, if any, gave rise to imm cause (a), stating underlying couse	which ediate the lost.	(c)	1 Emil	NCE OF	Lung G NOT RELATED TO THE TER	ICVDAI	Phones CONDITION GI	MIV	110
no bermit.	CERTIFICATION	90 DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	IN CERT	S, WERE FIN	DINGS USED SES OF DEATH? NO []
N OF VITAL R NG Physician. The ing physician. Teartificate has rightransi per ental Hygiene frem 18 stows		OR CONTRIBUTING CA	AUSE OF DE A	144		Y YEAR	21¢ HOW INJURY OCCUI		-		
DIVISION OF ING PHYSICIA r attending pl after this certif as the burial-t lih and mental	MEDICAL	WHILE NOT WHILE	ED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
R ATTENDIN hospital or single for use or sept. of Health tem 21 is marked.		22a I certify that (I) (	this hospit		7 1 1	57.0	d that in (my) (our) opinion	death accurred on t	heldote and ho	19 A From 1	mat (I) (we) last the causes stated
OR DORE		The SICHNATURE	10	in	Pr	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF IYSICIAN [	22c. DA	126.07
HOSPITAL ned by the FUNERAL slide details forthe State ORTANT.		770 PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e. ADDRESS 19	00 Mercan	tile Lar	ne Su	ite 134
7 0 0 7 0		LAXMI	BERWA	, M.D.			La	ndover, Mo	1. 20748	3	The Victoria
BP	Bit	IRIAL, CREMATION P PECIFY a 1		May.	- A/. 198	AME OF C	MEHRY OR CREMATORY Long Bapti	st Chutc	ñ Ceme	· COUNTR e	Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)		VERAL DIRECTOR NAME  ewart	nera	Y Hom	e-4001 B	uu enni	ng Road NE	AY 2 8 198	RAR 256 REGIS	TRAR'S SIGN	IATURE



by the funeral director, page 3 filed within 72 hours after death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	400		2	
1 1	19	1	7	
1	~	Street		
REG. NO.				

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. N	10	2	7
(TYPE OR PRINT)	EVELYN	B.	WA	SHINGTON	20 DATE OF DEATH	05 14	87	10 HOP
3 SEX Female		Black	5. DATE OF FED		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY)		CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DEDK DIVORCED	PRINCE GE	ORGES (	F DEATH COUNTY	MD
10. CITY OR TOWN OF CHEVERLY	DEATH 11	NAME OF HOSPITAL,		CAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Teacher	ION OF WORKING LIFE)	126 KIND O INDUSTRY SChoo	of BUSINESS OR
USUAL RESIDENCE (F)	136 COUNTY	P.G. Fair	OR TOWN	134. INSIDE CITY LIMITS?	137 STREET ADDRESS	/ ZIP CODE	2074	43
John	MD	R. Ba	iley	Owney	ME DOLE	Rag	sda18	2
160, WAS DECEASED EV (YES, NO OR UNKNOWN		AR OR DATES)	1AL SECURITY NO.	17 INFORMANT  Rose M. W	ashington		as #	13
PART 2 OTHER S  19a. DATE OF OPE  21a. ACCIDENT WAS	IGNIFICANT CON	(c)		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, V	WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON P.M.	19	21c. HOW INJURY OCCUR	YES NO	YES		но 🗍
AT WORK AT	WHILE WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR	Y. OFFICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		ottended the decesses iew the body ofter deat		, 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the common that of the common that the commo	\FF	22c DATE	
22d PHYSICIAN'S	HAME (TYPE OR PR	Weltz	7575	glennel	y cr on	Oree	bel	tMD
236 BURIAL CREMATIC		236 DATE 5/19/87		EMETERY OF CREMATORY	4: Scitt CA		70.	) O <sub>STATE</sub>
24 FUNERAL DIRECTOR		4 2 82 NS 4	ADDRESS - R.	250. DA1	AV 0 7 1097	256 RÉGISTRA	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or offending physician.

BP.

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injury, or other traumat

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atter death

ST	ATE	OF	MA	RYL	AND

8	LEG.	NO.	-	5	2	9
ATE OF	DEATH	MONTH	-	DAY	YEAR	2h HOL

1	- STATE REGISTRA					CATE OF DEA	ATH	8	EG. NO.	5 2	92
	1. BEGEASED NA	ME PIRST	10.	NIOOLE	Wats	on.		20. DATE OF D	EATH MONTH	5/87	10 20 M
	3 SEX		4 RACE	R	5. DATE O			6 AGE IN YEA	RS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
-	FEmale		White		Janua	DAY	1918		69 YRS	MONTHS DAVS	HOURS MIN.
A	70 BIRTHPLACE	(STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	(T)		9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	Washin	gton DC	U	SA	WIDOWE	DIVO	RRIED	Pan	ce ace	rues	MD.
7	III, CITY OR TOW	N OF DEATH				R OTHER INSTITU			CUPATION		F BUSINESS OR
d	The second secon	2	South	erni	"ary a	nd tos	p. Ch	Hous	ewife.		Home
	30. STATE  Maryla	nd PR	NTY	130. CITY OR T	OWN	13d. INSIDE CITY			DRESS / ZIP CO		146
2	14 FATHER'S NA	ΛE				15. MOTHER'S M	AIDEN NAM	Æ			
(	Rober	t	MIDDLE	obert	son	Mur	cle		WIDDLE	Stedman	1
-	160 WAS DECEAS	SED EVER IN U.S. A		166 SOCIAL S	ECURITY NO.	17. INFORMANT			ADDRESS		
	NO OR UNK	NOWN) (IF YES, G	VE WAR OR DATES)	577-3	0-4947	Samue	lIV	Vatson	Same	e as #1	3
1	18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUS	nly one couse per ED BY:	line far (a), (b)	, and se					BETWEEN O	MATE INTERVAL ONSET AND DEATH
1			TE CAUSE (o)	HEGY	100,14	ye				26	5
	P) 19		DUE TO, OF	RASACONSE	OUENCE OF	A (	0				
	gove rise	, if ony, which to immediate	(b)	100	nary	Arte	7 11-	sless		20	4-5
	underlying	the cause lost.	DUE TO, OR	AS A COPISE	DOLLAR S	66 m	060	1.=1,	a face	to 46	mNS
	PART 2 OT	HER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	O DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE O	OR CONDITION G	IVEN IN PART 14	
-	E Rus	+ hemix	201456	2/ 100	LANZ	200x	v.0.	sint	x c 15 9.0	1/aneur	75 - 1
1	STIPLO DE LO STIPL	POPERATION	196 CONDI	TION FOR WH	IICH OPERATION	WASPERFORM	ED	200 AUTOP		ES, WERE FINDA	
	ATT .									YES 🗌	NO 🗌
-		NT WAS UNDERLYING [			DAY YEAR	TIC HOW INJUR	RY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM 1	8 PART I OR PART 2)	
	(IF EITHER N	OTIFY MEDICAL EXAMINE	R) P.A	M	19						
	9	OCCURRED	21e PLACE C	OF INJURY	ICE FARM, ETC.)	211 LOCATION STREET	135		CITY OR TOWN	COUNTY	STATE
	AT WORK	NOT WHILE AT WORK			_						
		y that his hosp				d that in @ iau	19. 3	_, to <u>Mg</u>	on the date and h		that (we) last
	22b SIGNA	deceased alive o	t view the Nogy	after death.		EGREE	r / opinion de	- Contea	en me date and n	22t. DATE	
1	Ro	ml	- Lan	Ina	mo	ATTE	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	5/5	187
	22d PHYSIC	TAN'S NAME (TYPE	OR PRINT)			270 ADDRESS	Pen no	4/1056	. s. A.e.	Vene-1	ralbar
	Fons	4630	dman	NO				1	, , M- ,	1	md
	Crema	MATION, REMOVA	Massl	987		METERY OR CRE		23d LOCATI	o¤ น <b>ำ</b> tland	l COUNTY PG	Må
	CICINA	CTOIL N	8 May	201	JUGGE I			14		PG	Ma

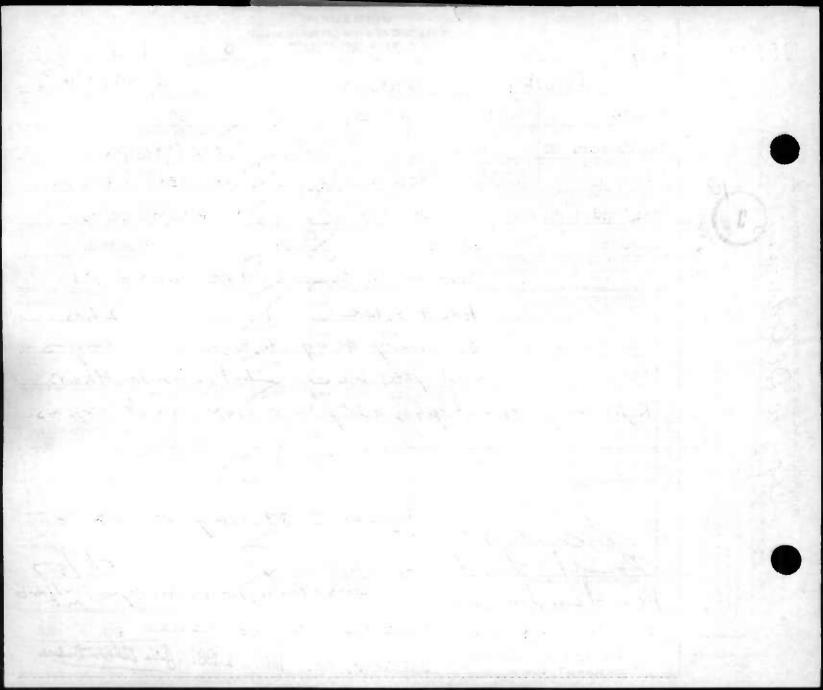
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR NAME Robert E Wilhelm Funeral Home

Suitland, Md.

MAY 1 1 987 Julia Dender Redistra

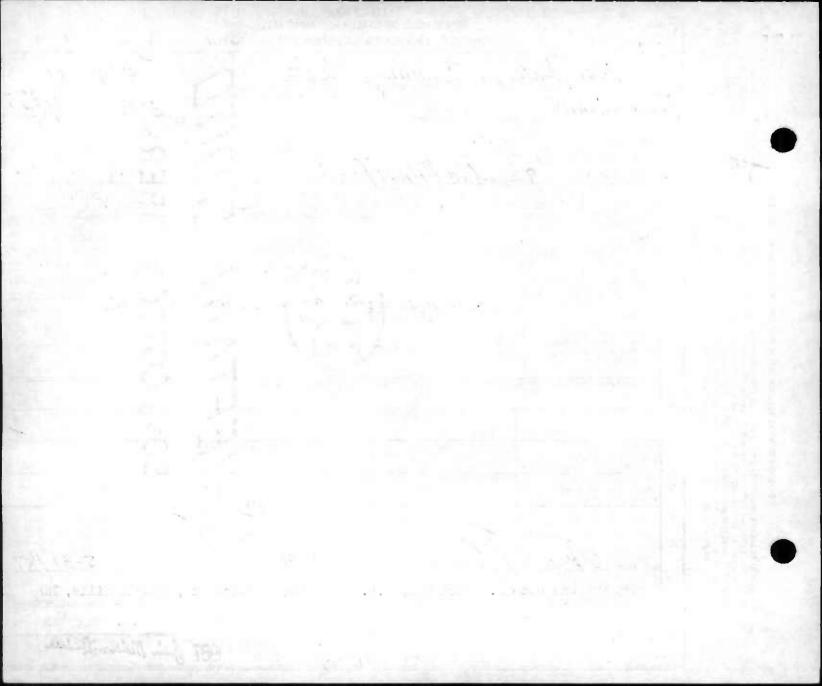


## STATE OF MARYLAND

DEPARI	WENI	OF HEALI	HAND	MENTAL	HYGIENE	
MEDICAL	EYAL	AINED'C	CERTI	FICATE	OF DEST	4/

	-	43	19	
REG. NO.	5	2	9	
REG. 140.	-			

5	GOOLIN		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	REG. NO.	ha 7 0
	Mariani		CEASED NAME FIRST MARY K	thryn	Cummings	White		OWN MONTH	DAY YEAR 26 HOUR
	DIRECTO OUR FILE ON STREE	J. SEX	male White	DATE OF BIRTH	, 1899 88 YRS.	NDER 1 YR. IF UNDER 2	4 HRS 2c. DATE PRONOUNCED DEAD	5/31	198787
	SAN	FO	RTHPLACE (STATE OR REIGN COUNTRY) aryland	U.S.A.	MARR	IED NEVER MARRIE	BALTIMORE Prince	e George	S AAT
-			TY OR TOWN OF DEATH  Washington	11 NAME OF HOS	PITAL, NURSING HOME, OR OTH	0	FOR MOST OF WORKING	ON (TYPE OF WORK	Fed. Gov't.
21201	ANY DE LA PROPERTIES DE	13a S	RESIDENCE (IF IN NURSING HOME O TATE  Tyland  Prince	r other institution, gr ty e George	VE RESIDENCE BEFORE ADMISSION) 13( CITY OR TOWN Ft. Washington	13d INSIDE CITY LIMITS? YES X NO	139212 Old I	Palmer Rd	20744
RE, MD.	EATH. II	1	ATHER'S NAME FIRST Hugh	MIDDLE J.	Cummings	15. MOTHER'S MAIDEN Maggie	NAME		Unknown
ALTIMO	AFTER C		VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES	166 SOCIAL SECURITY NO. 214-46-7130	Dorothy W.	Purdy Cli	DDRESS 03 Chelte inton, Md	nham Ave.
ESTON ST.,	IN 24 HOURS IN ITEM 18. ALONG W SIT PERMIT. HYGIENE, DI WOVAL.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (d	AS A CONSEQUENCE OF	ic sardre	Vareulolo	buene	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, 201 W. PR	CUTED WITH IN PENCIL EXAMINER RIAL-TRAN ID MENTAL ION, OR REA		Conditions, if ony, which gave rise to immediate couse (o) stating the <u>underlying couse last.</u>	(b)	AS A CONSEQUENCE OF				
RECORDS, 201	BE EXECUTED IN STREET OF S	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL OISEAS	E OR CONDITION GIVEN IN PART	1 0		
VITAL RE	SHOULD ORD "PE CHIEF A E USED A TOF HE	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION W	AS PERFORMED?		G 7.	20 AUTOPSY?  YES NO E
ONOF	THE WE THE WENT THE WATTHEN OR TO B	CALCES	210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M	MONTH DAY YEAR	OW INJURY OCCURRED	ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PAR	RT 2)
DIVISI	HIS CERT WRITING ARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			CATION STREET	CITY OR TOWN	COU	UNTY STATE
	EXAMINER: T CERTIFICATE, ULD BE FORW DIRECTOR: P. I, WITH THE ST MARYLAND, 2		22e I certify that I took charge death resulted Irom: Nature	e of the remains des	Accident , Suicide	Inspection	Undetermined manner	ond in my op	inion
	CAL EXAM THE CERTI SHOULD B RAL DIREC ATH, WITH RE, MARY		ACTUAL SIGNATURE	no J. Jan	refuer .	Deputy	MEDICAL EXAMINE	DATE R SIGNE	5-31/87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALLIMORE, M	22- 01	ATTIE OR TRIET		odriguez, M.D.	ADDRESS	ayburn Ct ,	Temple	Hills, MD
/84	BP	(5		/3/87	Resurrection	Cemetery	23d location Climton		Maryland
14/	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME Orge P. Kalas F	uneral Ho	6160 Oxon Hill ome Oxon Hill,		N 4 PEGISTRAR 1	ulia Janda	



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Let in by the funeral director, page 3 in be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/ REG. NO.		5	60	9	gia.
OF DEATH M	ONTH	DAY	YEAR	2h H	OU

7	REGISTRAR				CERTII	FICATE OF DEATH	8 REG. N	0.	3 44	7 -
	CEASED NAME	FIRST		WIDDLE	1 112	LAST	20 DATE OF DEATH		AY YEAR	26 HOUR
filte	ORPRINT)	Will	iam	Austin	V	VILKERSON	May 9, 198	7		8:05P
3 SE	x Male		4. RACE Whi	te	5. DATE	05 07 <sup>AY</sup> 09 <sup>AR</sup>	6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN USA	OF WHAT COUNTI	RY? 8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY		M
	ITY OR TOWN OF DE	ATH	(IF NOT II	OF HOSPITAL, NUR SUCH FACILITY, GIVE STI Doctors	RSING HOME (	OR OTHER INSTITUTION	12d USUAL OCCUPATION OF WORK FOR MOST C	ON OF WORKING LIFE	126 KIND O INDUSTRY	r BUSINESS O
130. F	AL RESIDENCE (IF NUI			orge CBelt		13d INSIDE CITY LIMITS?	135825 488ES1			
	Austin		MPOLE	Wilker	son	IS MOTHER'S MAIDEN NA Ne 出生	MIDDLE		Ensco	) <sup>T</sup>
	WAS DECEASED EVE		MED FORCE E WAR OR DATE			INFORMANT GI	adys B. ADDRI	iame as	#13	
	18 CAUSE OF DEA	TH (Enter an	ly one couse	per line far (a), (b)	, and ici.i				BETWEEN	MATE INTERVAL
	Conditions, if any gave rise to in cause (a), stat	mediate	) ıb	/	Sinsol	entic hear	discare			4(16)
	underlying caus	e last.	101	O, OR AS A CONSE	gesle	in Cardia	failine			
Z	PART 2 OTHER SIG	SNIFICANIC		rasis o	1 L	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART TIE	
CERTIFICATION	190 DATE OF OPER	MOITA			CH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES □ NO 🛣	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS UIT OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	AE OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS PA	ART I OR PART 2)	
MEDICAL	WHILE NOT V	/HILE C		CE OF INJURY E STREET, FACTORY, OFFI	ICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that ( saw the decea abave, (1) (we)	sed alive an			07	424, 19 87 nd that in (my) (our) apinian	death accurred an the d	579		that (I) (Ae) la causes stated
	22b. SIGNATURE	d	John	mein		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		221. DATE 5-10	
	A2HE	_	11	SSAIN	/	220 ADDRESS 4917, Edg	eword Ro	a a a	Myc p	are MD
23a B	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL				TEMETERY OR CREMATORY	Adelphi	Prince	Georg	e Md <sup>state</sup>
	UNERAL DIRECTOR	rawara	1+ //0	O Daniel ADDRES	Sheen	25a DAT	E REC'D BY REGISTRAR	256 REGISTR		

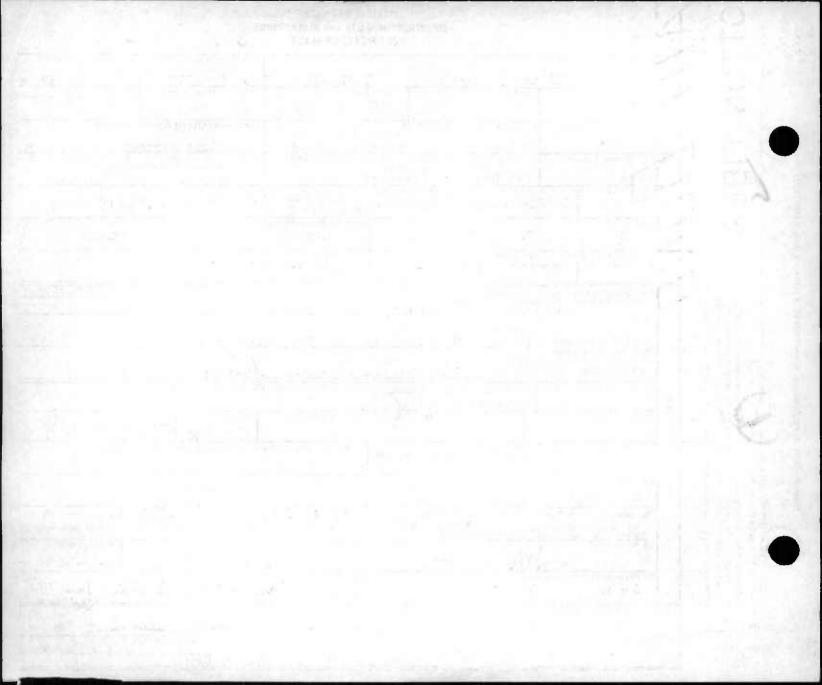
DHMH - 16 60M 7/8 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After the should be detached for use at the with the State Dept. of Health and

FOR

4400 Powder Mill Rd 20705

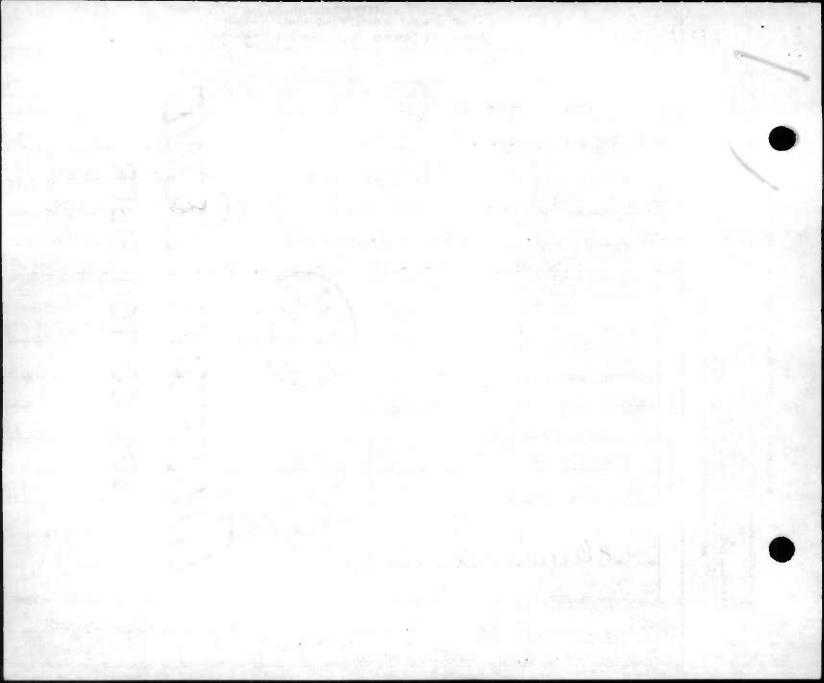


DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAF 20 DATE KNOWN X LIYPE OR PRINTS ESTI-DEATH MATED 10/19 87 Wilkinson, Jr. Oliver Perry 5 DATE OF BIRTH 4 RACE 2c. DATE PRONOUNCED Male Cau. 08-05-1938 48 10/19 87 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Washington DC DIVORCED Prince George's County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Financial Consultant Stocks & Bonds Prince George's General Hospital Cheverly JSUAL RESIDENCE HEINN Prince Geo. 136. INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE Maryland Lanham 7106 Lois Lane 20706 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilkinson, Sr. Mabel Barnes 166 SOCIAL SECURITY NO 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS YES, GIVE WAR OR DATES) Yes Peacetime 218-38-5100 Frances P. Wilkinson, Same as Line #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AS A BURIAL - TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A FIFE DEATH, WITH THE STATE DEPARTMENT OF HARLTH. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREW. 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 25 UNDERLYING A OR HOUR AND MONTH DAY YEAR 5/10/ 10 87 subject shot self with .38 caliber revolver CONTRIBUTING CAUSE OF DEATH 7: 39P.M. 21e PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC 1 WHILE AT WORK AT WORK 7106 Lois Lane, New Carrollton, Pr.Geo., Md. basement 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner TITLE (SPECIEY) Assistant MEDICAL EXAMINER 5/11/87 EXAMINER'S NAME Dennis F. Smyth, M.D. lll Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial May 13, 1987 Ft. Lincoln Cemetery Brentwood, PG, Maryland PRANCIS GASCH'S SONS FUNERAL HOME, P. AMAY 1 8 **DHMH - 17** 

4739 Baltimore Ave., Hyattsville, Maryland

(VR A15 ME (5))

STATE OF MARYLAND



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	١.	FOR		OF MARYLAND ALTH AND MENTAL HYGII	ENE	
	1.	- STATE REGISTRAR		CATE OF DEATH	8 REG. NO.	5 2 9 6
All -	JIAG	PRPRINT)	X s Willia	ame	20 DATE OF DEATH MONTH DA	87 2115
	3 SE	Fe male	CAO CASIAN SONIA	23 DAY 1900 ARAR		UNDER I YEAR IF UNDER 24 HRS
35		STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED	LI NEVER MARRIED	Montgomery County	
10	I	Bethesda	11. NAME OF HOSPITAL, NURSING HOME OR GENERAL THE CONTROL OF STREET ADDRESS)  Grosvenor Health Care	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Nursing.	126 KIND OF BUSINESS OR
どう	Ma	ATHER'S NAME	gomery Retheada	YES NO NO NAM	134.STREET ADDRESS / ZIP CODE S721 Grosvenor J	lene 2081l <sub>1</sub>
) medcolg	160.3	WAS DECEASED EVER IN U.S. AR	Williams MED FORCES? IN SOCIAL SECURITY NO. 1 1 WAS ON BATES: 578 52 4561	Mary 6 17 INFORMANT Mr. Ellsworth	ADDRESS  h Williams Rockvi	2 7 7 7 7
ry, or other froumatic event, th	,	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cove last.	DUE TO, OR AS A CONSEQUENCE OF	pulma Entry Lucia 101 RELATED TO THE TERMAN	NAL DISEASE OR CONDITION GIVE	MATTER STATE OF A THE
2	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	IBE AUTOPSY?  YES   NO. IF YES, IN CERTIFY!  YES   YES	WERE FINDINGS USED ING CAUSES OF DEATH?
5	MODICAL	SIR ACCIDENT WAS UNDERLYING OF DEA	HOUR A.M. MONTH DAY YEAR	21L HOW INJURY OCCURRE		tool Control
open of	MEDICAL	ZIM INJURY OCCURRED  WHILE IN HOLE IN HOLE IN	THE PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	7H LOCATION	OH OF JOHN	Zooth state
NT. If Nem 21 is mo		774 I certify that (I) (ab., but, saw the deceased alive as above, (I) (we shift told no 772 SIGNATURE)	were the bathy after death fit of the	ATTENDING	eath accurred on the date and hour of	that it (wortest and from the course duted 12) PATI/SIGNED
MPORTAN		Thas h	MARD 6/14	Relini	and, Bethle	de 20817
	73o. 8	BURIAL, CREMATION, REMOVAL		METERY OR CREMATORY	Barton Allegany	Maryland

Westermort, Md. 21562UN 1 1987 gulla REGISTRAR PSICLAGE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR should be detectively with the State Day

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TO HOSPITAL

(VRA 15, 4)

14 FUNERAL DIRECTOF CHANGE BOALS Funeral Service

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were the expectation

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ON ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and confirming the fune of the following interestor page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygene prior to burial, cremotion, or removal.	shaws any injury, or other traumotic event, the medical	5601	
DIVISION OF VITAL RECORDS, 201 W	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the haspital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked at Item 18 shows any injury, or other troumotic event, the medical	9	

BP. DHMH - 16 60M 7 (VRA 15, 4)

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147		item 14, film FOR 6-3,87 I.J. REGISTRAR		ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 PREG. NO	1	5 2	9 7
		CEASED NAME FIRSTIAT	TIE MIDDLE MA	RINA W	AST WINDSOR  OF BIRTH	20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT	MONTH DAY	VEAR 82	7.0 5 MM
	2. 01	FEMALE RIHPLACE (STATE OR FOREIGN 76	WHITE	11	8 - 1905	81	YRS	HS DAYS	HOURS MIN.
5	M	IARYLAND	U.S.A.	MARRIE		Prince	Georg		CO MD.
6		Clinton	NAME OF HOSPITAL, N	and and	Hospital	OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAKE	WORKING LIFE) II		BUSINESS OR
	130 S		E GEO. ACC	OKEEK		13º STREET ADDRESS / 16211 BE	ZIP CODE LLE HJ	LLL R	D. 2065
36	4 FA	THER'S NAME JOHN		DSOR	ROSTE	WE	5	BMITH	
1	0	VAS DECEASED EVER IN U.S. ARME (18 NO OR UNKNOWN)   118 YES GIVE W   N/A	(AR OR DATES)	SECURITY NO. 84-3501		ghter ADDRE 4. OVERBY,		AS	
	NO.	18 CAUSE OF DEATH lenter only of PART I. DEATH WAS CAUSED BE IMMEDIATE OF Conditions, if only, which gave rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CONS	SEQUENCE OF	NOT REVATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN II	5	ANTE INTERVALI NISET AND DEATH  OF THE PROPERTY OF THE PROPERT
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206 IF YES, WE IN CERTIFYING YES	RE FINDING G CAUSES C	GS USED DE DEATH?
9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK ALWORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET FACTORY O	19	211. HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2)	STATE
		220.1 certify that (I) (this hospital saw the deceased alive on obave (I) (we) (did add) v 22b SIGNATURE		19 87	Leaf in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	mEDICAL STAF	F	22¢ DATES	
		Pichard I	Dabson	m.D	Brandywir	ne Medi-c	Clinic E	Brandu	D. 20613
/84	24 FL	URIAL, CREMATION, REMOVAL SPECIFY) BURTAL INDERAL DIRECTOR NAME UNTT FUNERAL	236 DATE 5/27/87 HOME, WALD	ST MARY	30X 156 250 DATE	23d LOCATION CITY OF TOWN ACCOKEEK EREC'D. BY REGISTRAR, AY 2, 7 1987	P.G.	SSIGNATU	RYLAND RE Randale

Michord Date Congress Rendering Michold Sendinger

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7.2	6 KAY	23	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	NENTAL HYGI	8	REG. NO.	1	5 2	9 9
100	960		CEASED NAME	J Den	~~	Thme	~ h	Jeel		5	DEATH M	87		9109 M
ector, pe		100	ale	C	aucasi		June		1926	6 AGE (IN Y	EARS LAST BIRTH	YRS B	ONTHS DAYS	IF UNDER 24 HRS
b low	35		RTHPLACE (STATEORI COUNTRY) Tyland	OREIGN 7b.	U.S.A	• COUNTR	MARRIED WIDOWE	NEVER M	ARRIED 🗶		nce Ge			MD.
4	86		inton			HOSPITAL, NUR HEACHUTY, GIVE STR N Mary 1				12a USUAL ( (TYPE-OF WORK Mech	occupation of the control of the con			ay Store
3	133	13a S	al residence (# nurs state yland	Prince	e Geor	GIVE RESIDENCE BEF 13t CILY OR TO BE FT. W	ore admission) DWN ashingt	ONES K	TY LIMITS?	13e STREET A	ADDRESS / I	zip code ad Dr	ive 2	0744
	160		Earl	E	•	Wood		Liĺ	Maiden Nan Tian		MIDDLE	910	Lati	
an and c	medica /	16a V	VAS DECEASED EVER YES NO OR UNKNOWN) Yes	WWII	D FORCES? AR OR DATES)	166 SOCIAL SE 578-24-		Hazel		<u> </u>	42900 01 emp1e	Hiffs		lls Rd.
g physic	emberal, esent, th		PART I, DEATH W		Y	Ine far (a), (b),		カエ	Ale	Lung			BETWEEN C	DUSET AND DEATH
he attendin	motion or r r traumatic		Canditians, if any, gave rise to impressed (a), statin	nediate	(b)	R AS A CONSEC	lia	any	Vorm	0			98	
ned by t	please principle or y, or other		underlying cause PART 2 OTHER SIGN	last	(c)	Erm	Orling	NOT RELATED	TO THE TERMI	NAL DISEASE	e OR CONDI	TION GIVE	N IN PART 1	-
In. Not been as	and and a spire	THICATION	19a. DATE OF OPERA	NON	196 COND	TION FOR WHI	CH OPERATION	N WAS PERFOR	RMED	200 AUTO	NO S	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
g physics artificate	9	CAL CERT	210. ACCIDENT WAS UNE	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJ	IURY OCCURRI	-			tand .	
the this	Man de la Man de	MEDIC	21d INJURY OCCUR!	IIIE 🖂	21e PLACE	OF INJURY BEET, FACTORY, OFFIC	IE, FARM ETC )	211 LOCATION	N D/		CITY OR TOW	٧	COUNTY	STATE
CTOR A	21 h m		22a I certify that (I) saw the decease		A-1		97	dihat in (my	, 19 owi opinian d	eath accurre	d an the date	e and have	and from the	that (1) we) last causes stated
y the ho	One Dep		215. SIGNATURE	Zu.	400	han m			TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF	W 🗌	22c. DATE	LZ- N
D FUNE	# the S		22d PHYSICIAN'S NA Richar	d H. D		M.D.		Brand	lywine <sub>B</sub>	Waldor randyw	f Clir	ic aryla	nd 206	13
-	.,5	230 E	BURIAL, CREMATION,	REMOVAL	236 DATE	23	NAME OF CI	METERY OR CI		23d LOCA				

FUNERAL DIRECTOR

George P. Kalas Funeral Home 0xon Hill, Md. MAY 2 1987

St. Barnabas Ch. Cem. Temple Hills

Mary Tand

P.G.

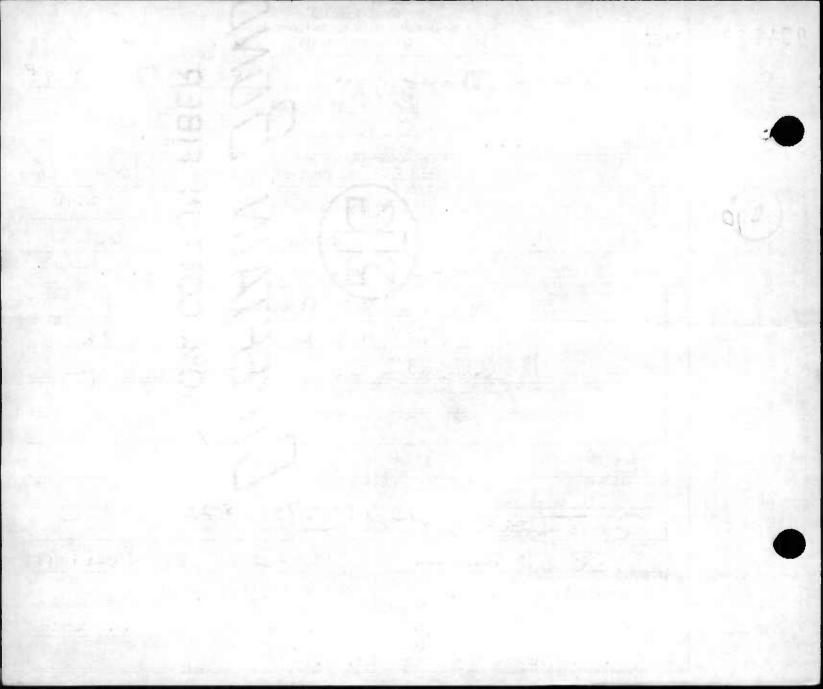
5/27/87

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



## CTATE OF MARVIAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGI	NE
CERTIFICATE OF DEATH	

	8 LEG. NO	0.	5	3	U	U
	20. DATE OF DEATH	MONTH	OAY	YEAR	26 HOL	JR "
ļ	5	96	18		1	BAA
1	6 AGE (IN YEARS LAST BIR	HOAY)	IF UNDE		IF UNDER	24 HRS
	5 51	YRS.	MONTHS	DAYS	HOURS	MIN
	O DALTHAODE CITY O	D COLINIT	LOFBE	ATLA		

SEX	4 RACE	S. DATE
Male	White	Nov
BIRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8

ember MARRIED NEVER MARRIED DIVORCED XX

Maryland USA CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Bartender

126 KIND OF BUSINESS OR INDUSTRY Barroom

MINUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION
13a. STATE	136. COUNTY	13r. CITY OR TOWN
Maryland	Montgomery	Rockville

1136. COUNTY 13c. CITY OR TOWN Rockville Montgomer

13d INSIDECITY LIMITS? YES

Frances

709 Monroe Street 20850

14 FATHER'S NAME Robert

CERTIFICATION

morked or the

Hem

\*

FOR → STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE (o

Woodend 166 SOCIAL SECURITY NO

chard

17 INFORMANT

ADDRESS 132 Longwood Drive

Thatcher

(YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Yes

PART I. DEATH WAS CAUSED BY.

577-46-4952 ARDIAC Arrest

Mary M. Taylor 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ici.

Stafford Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF INFARTION - CARDIOMUDIPATA (6) ACUTE MYOCARDIAL

190 DATE OF OPERATION	1%. CONDITION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUT	OPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
				YES 🗌	NO	YES	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	216 HOW INJURY OCCURRE	D (ENTERN)	ATURE OF INJUI	RY IN ITEM 18 PART TORPART	71
			The state of the s				

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

DEGREE

CITY OR TOWN COUNTY

5/26 sow the deceased alive on obove, (I) (we) (did) (did not) view the body alto death

220.1 certify that (1) (this hospital) attended the deceased from

MONTAKHAB

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ATTENDING

22c. DATE SIGNED

22e ADDRESS

MEDICAL STAFF PHYSICIAN VI DIRECTOR PHYSICIAN

20852

PG

MPORTANT. 23a. BURIAL, CREMATION, REMOVAL (SPEC# Burial

30May1987

23c NAME OF CEMETERY OR CREMATORY Cedar HIll Cemetery

Suitland

Md

24 FUNERAL DIRECTOR NAMRODERT E Wilhelm

Suitland, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S GIANT THE

DHMH - 16 60M 7/84 (VRA 15, 4)

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r death. Page 4 may be

nerol director, page 3

FOR

	STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	5	3	0
_			_		_

- 1	REGISTRAR								
	GEASED NAME OR PRINT)	FIRST	WIOOFE		LAST	2a. DATE OF DEATH	MONIH DA	AY YEAR	26 HOUR
	Lou	ise	Neuhaus		WORRELL	MAY 23,	1987	7	7:308
3. SE)	Х	4 RAC	Œ		TE OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	FUNDER LYEAR	IF UNDER 2.
	Female	W	Thite		nuary 27. 1930	57	YRS	ONTHS BAYS	HOURS
7a Bil	RTHPLACE (STATE OR FOR	EIGN 7b. CIT	IZEN OF WHAT CO	UNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	MD	U	JSA		OWED DIVORCED	Montgom	ery Cou	inty.	
10 C1	Bethesda	(IF	AME OF HOSPITAL, NOT IN SUCH FACILITY, GI	IVE STREET ADORESS	ME OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	TION OF WORKING LIFE)	126 KIND OF	
13a S	M COM	home or other in the country lontgome	13c. CITY O		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 9712 Mont		208	17
)			haus	EAST		MIDDLE	chlag	LAST	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED FO	OR OATES)	AL SECURITY N		ADD	RESS		
N	0		215	28 0718	Edsel A. Wor	rell, Same	as ite	em No.	13
	18 CAUSE OF DEATH	Enter only one	couse per line for (a)	1, (b1, and (c1.)				APPROXIA BETWEEN O	MATE INTERV
	PART I. DEATH WAS								
	Conditions, if ony, w gove rise to immed couse (a), stating underlying couse	which diate the last.	UE TO, OR AS A COI  (b)  UE TO, OR AS A COI  (c)	NSEQUENCE C	)F			4 ye	
NO	Conditions, if ony, we gove rise to immediately course to immediately course.  PART 2 OTHER SIGNIF	which diote the lost.	UE TO, OR AS A COL  (b)  UE TO, OR AS A COL  (c)  TIONS CONTRIBUTIONS	STATIC  NSEQUENCE C  NSEQUENCE C	DF DF BUT NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVE		
IIFICATION	Conditions, if ony, we gove rise to immediately course to immediately course.  PART 2 OTHER SIGNIF	which diote the lost.  ICANT CONDITION BONE	UE TO, OR AS A COL  1b)  UE TO, OR AS A COL  (c)  TIONS CONTRIBUTE  MATTOW A	NSEQUENCE CONSEQUENCE CONSEQUE	DF DF	20a AUTOPSY?	206 IF YES, IN CERTIFY	N IN PART ITO	GS USED OF DEATH
CAL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse  PART 2 OTHER SIGNIF Pancytopem	which diote the loss.  ICANT CONDITION 19  IVING 12  ISS OF DEATH 15	UE TO, OR AS A COL  1b)  UE TO, OR AS A COL  (c)  TIONS CONTRIBUTE  MATTOW A	ISTATIC  INSEQUENCE CO  INSEQUENCE CO  ING TO DEATH  IND BONE  WHICH OPERA	BUT NOT RELATED TO THE TERM  METASTASES  ATION WAS PERFORMED  TIE HOW INJURY OCCUR	20a AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED
MEDICAL CERTIFICATION	Conditions, if ony, we gove rise to immediate (a), stating underlying couse  PART 2 OTHER SIGNIF  PANCY TOPEM  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	Which diote the lost.  CANT CONDITE BONE  IVING 19  UVING 19  UVING 19  UVING 19  IVING 19  IVIN	UE TO, OR AS A COLUE TO, OR AS	NSEQUENCE CONSEQUENCE CONSEQUE	BUT NOT RELATED TO THE TERM  Metastases  ATION WAS PERFORMED  21c. HOW INJURY OCCUR!	20a AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATH
	Conditions, if ony, we gove rise to immediate to immediate to immediate the course of	which diote the lost.  CANT CONDITE BONE  IVING 19  IVING 19  IVING 17  IVING 17  IVING 17  IVING 17  IVING 18  IVING 19  IVIN	UE TO, OR AS A COLUE TO OR AS A COLU	NSEQUENCE CONSEQUENCE CONSEQUE	BUT NOT RELATED TO THE TERM  Metastases  ATION WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NOTE: N	206 IF YES, IN CERTIFY YES URY IN ITEM 18 PAR	WERE FINDIN ING CAUSES  TO PART 2)  COUNTY	GS USED OF DEATH NO  STA
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STATE OF MARYLAND

Eb.	or y	
8	/	
•	REG.	NO.

1.	- STATE REGISTRAR		DEPARTA		ICATE OF DEATH	8 7 REG N		5 3	0 2
	CEASED NAME FIRST TOL		P.	1	IGHT	20. DATE OF DEATH	MONTH 1	7-87.	26 HOUR 8:15 AA
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE	_	IF UNDER I YEAR	IF UNDER 74 HRS
N	fale	Caucasi	an	Sept.	18 1914	72	YRS	MONTHS DATS	HOURS MIN
7a B	IRTHPLACE (STATE OF FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	shington, D.C.	U.S.A		WIDOWE		PRINCE	6001	lges	ME.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		PROTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O RetFed.		E) INDUSTRY	F BUSINESS OR
	STATE 136 COL	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Temple	N	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 4700 Hend		2	Gov't. 20748
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	
	William		Wright		Sarah	Ε.		Palm	
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW.I	IVE WAR OR DATES)	578-03-3		Mattie J. Wr	right 4700 F	lender Hill	son Rd.	
	PART I. DEATH WAS CAUS  IMMEDIA  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	nly ane cause per ED BY: (TE CAUSE (a)  DUE TO, O    b)  DUE TO, O	Cardu RAECONSOUE	ac 1	Arrest. e Coronen etheroscle	artery I	nslas		MATE INTERVA) ONSET AND DEATH
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FO		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO		GS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART   OR PART 2}	
MED	216 NJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK			ARM ETC )	211 LOCATION STREET	CITY OF TO	IWN	COUNTY	STATE
	220.1 certify that (+) (this hasp saw the deceased alive a abave, (1) (weeked ) (did n	5-1	7- 19	5	nd that in (my) (our) apinion	ta5—	ate and haur		that (Ti) (we) last causes stated
	RAM: Con	naugk	in MO			MEDICAL STA DIRECTOR PHYSIC	FF CIAN ()	22c. DATE 5-1	SIGNED 7-87
	P.A.MC	OR PRINT)  NNAU	GHY 1	NB	5618 St. BI	ARNA bas I	2d. 0	DXUN H	111. Md.

23a. BURIAL, CREMATION, REMOVAL (SPEC Burial

23c NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

Clinton

P.G. Maryland

24. FUNERAL DIRECTOR

6160 Oxon Hill Rd.

DHMH - 16 50M 1/81 (VRA 15, 4)

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O FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta bu

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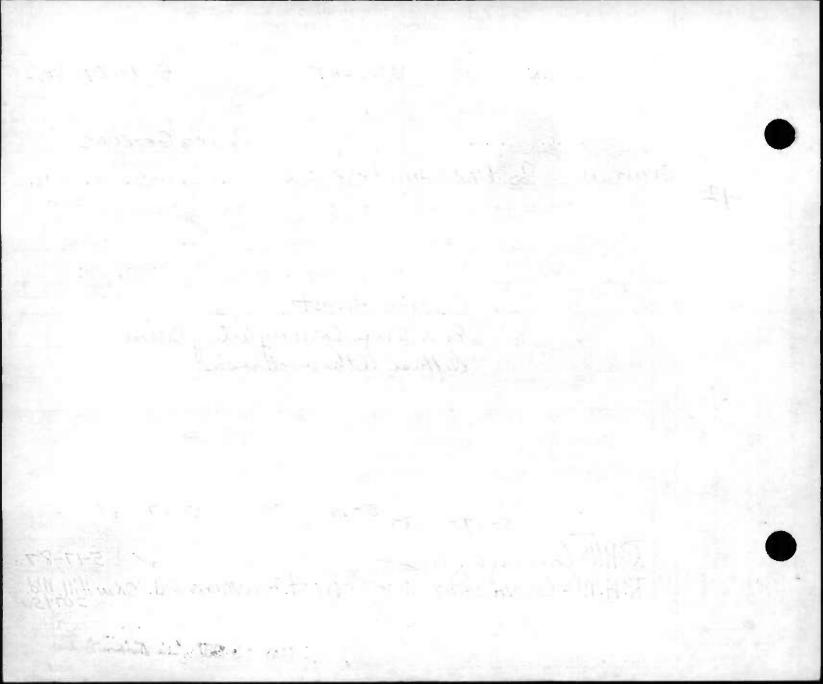
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George P. Kalas Funeral Home

236 DATE 5/21/87

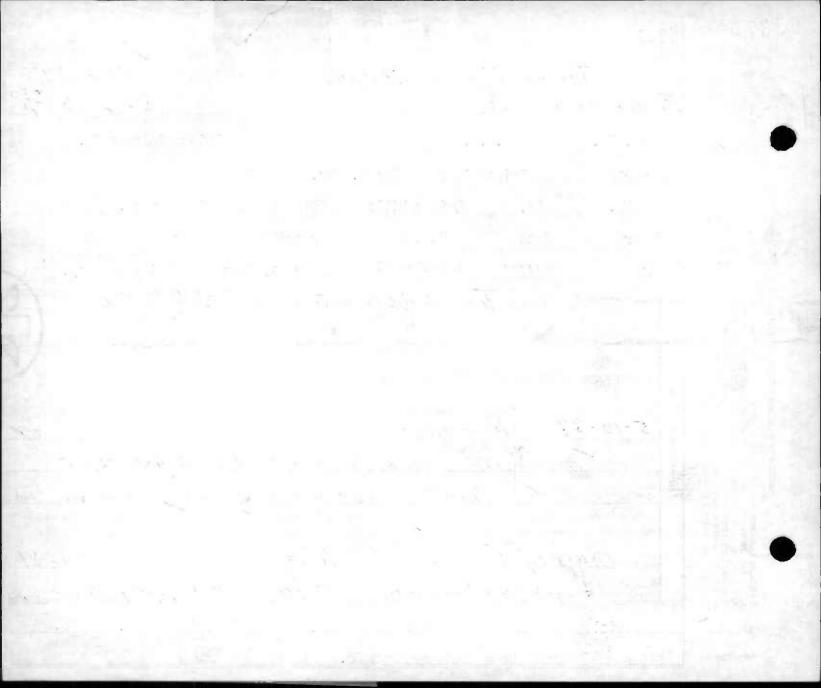
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K6258	3. SEX	4 RA		S. DATE OF BIRTH			IF UNDER 1			DATE	N	ONTH DA	Y YEAR	6:00
13/6	F	male W	hite	Jun. 13.	1913	73 YRS		AYS HOURS	MIN. PRO	DEAD		5/21	19 87	P. M
621	7a. 81	RTHPLACE (STATE OF		76. CITIZEN OF WH	AT COUN			NEVER MARR	9. B	ALTIMORE	CITY OR C	OUNTY O		7.0
X	Ne	w York		U.S.A.			WIDOWEDX		Park.	rince	Geor	re's C	County	MD
111	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS			OR OTHER INS	NOITUTITE	12a USUAL	OCCUPATIO OF WORKING II	N (TYPE OF	WORK 17b	KIND OF BU	SINESS
11		Bowie		12425	Seabu	ry Lan	•		Super	visor		Fe	or industred. Got	rt.
21	13a S	L RESIDENCE (IFINA	136 COUNT	OTHER INSTITUTION GIV	E RESIDENCE I	OR TOWN	٧) .	ISIDE PITY LIMITS?	13e STREET	ADDRESS			Mx-	7,-
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41		THER'S NAME FIRST SSAC		MIDDLE	ı	Baum	15 M	OTHER'S MAID	Unk.	WIDDLE			LAST	
01		VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?		IAL SECURITY	NO. 17. IN	FORMANT	OIIK.	AD	DRESS62	200 Da	vis B	Vd.
/	{YI	NO NO, OR UNKNOWN)	(IF YES, GIVE W	ARORDATES)		05-4474		ne W. P.	rocopio				Md 20	
/		18 CAUSE OF DEA			for (a). (b).	and (c)							APPROXIMATE	INTERVAL
24 HOURS AFER ITEM 18 GIVE P LONG WITH FR PERMIT PAGES GIENE, DIVISION VAL.		PARTIDEATH	WAS CALISED	BY: CAUSE (o)			alb fal					В	ETWEEN ONSET	AND DEATH
YGIE			IMMEDIATI			SEQUENCE O		,	CHL III	16				
HOULD BE EXECUTED WITHIN 24 RD "PENDING" IN PENCIL IN IT HIEF MEDICAL BEAMINER ALC HOSED AS A BURIAL - TRANSIT P OF HEALTH AND MENTAL HYG RIAL, CREMATION, OR REMOV		Conditions, if		(b)_ch	ronic	MYOCA	rdial d	isease.						
ő		couse (o) statir	g the under-			SEQUENCE O							V	-01
		lying couse las		(c)									-\F	
		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELAT	TEO TO THE TERMIN	IAL DISEASE OR CO	NOITION GIVEN IN PA	ART 1 (a).					
_	TION		Non											
1	CERTIFICATION	19a. DATE OF OPERATION 19b. COND								AUTOPSY?				
	T	None 21a EXTERNAL CA	ISEWAS	21b TIME OF	INITIDY		Tale Howers	HIDV OCCUPA					YES 🗆	NO X
ラグ		UNDERLYING CONTRIBUTING		HOUR A.M. MONTH DAY YEAR						OR PART 2)				
	MEDICAL	21d. INJURY OCCU		P.M. 21e PLACE C		19 (AT HOME,	None	N .						
	ME	WHILE NO			ORY, FARM, ET		STREET		CIT	Y OR TOWN		COUNTY		STATE
								7		<b>W</b> ID				
				af the remains desi			Autopsy L	, Inspectio	-	nquiry	and in	my opinion	3	
3		death resulted fro	m: Nettic	Il couses 🛄 .	Accident	Suic		Homicide	Undetermi	ned manner	L.			
		ACTUAL	16	81	16		TII	LE (SPECIFY)				DATE	5/22	/87
1	1	SIGNATURE			- 10	Jan	M.D	1919	Semina:	EXAMINER ROS	d	SIGNED	2/ 66	70/
2		EXAMINER WAME	Jo	hn S. Ros	ers.	M.D.	ADDR	SS SILVE				nery (	County	. MD
	23a. Bl	JRIAL, CREMATION.			23c. N	IAME OF CEM	ETERY OR CRE	MATORY	123d LOCAT	ION				
	Cr	emation		05/22/87			ematory		Clin	ton P	rince	e Geor	ge's	Md.
	24 FU	JNERAL DIRECTOR	Lee Fur	neral Hom	e, In	C.		25e. DATE	REC'D. BY REC	GISTRAR 256	REGISTR	AR'S SIGN	ATURE	
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67 %	5/21		3 75	Jun. 13, 191	white	Terale
County	Prince George's			561.6		
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	12425 Seabury Lave		Bowie	e George's	Princ	Maryland
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		rdial disease	iic myocar	chros		
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L						Stioll
		None				
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County, MD	er spring, Montgomery		ولأودد و	กก ၁. นักคอา	Jo	

STATE OF MARYLAND 053709 IIII V-STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME 20 DATE KNOWN STYNE CREMENTS Tascha Elizabeth DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 68 18 DEAD 09-Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Balto. Md U.S.A. DIVORCED Prince Georges CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Student Prince Georges Hospt. 130 STATE MISH COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS BA. Owings Mills Hiawatha\_ct YES [ NO V N. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Druscilla Terry Edward Seth Yeaton III. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2504 Flagmeadow Ct. 243-19-2947 NA//// Yeaton Einksburg, Md. 21048 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL -TRANSIT PERMI OF HEALTH AND MENTAL HYGENE RIAL, CREMATION OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. # WORD "PENDING" PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO D EXECUTE THE CERTIFICATE, WRITING THE VOID
PAGE 4 SHOULD BE FORWARDED TO THE CITY OF PAGE 31 SOULD BE AFTER DATH, WITH THE STATE DEFANDED.
BALL MOTE, MARYDAND, 21201 PRIOR TO BUILD 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Suicide Homicide Undetermined manner ACTUAL MEDICAL EXAMINER (TYPE OR PRINT) DUGUSTO P. RODRIBURZ NID 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Md Burial 05/15/87 Druid Ridge Cem Ba 07/84 24. FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE **DHMH - 17** NAME (VR A15 ME (5)) Home Reisterstown Md. **Funeral** Fline



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IMPORTANT

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FUNERAL

10 CITY OR TOWN OF DEATH

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lost

13a 14 F.

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MEDICAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL I - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME FIRST LAST TYPE OR PRINTI **EMILIA** YOUNG 4. RACE 3. SEX 5. DATE OF BIRTH MONTH Black Female 12,1916 June TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Phillipines U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

IYG	IENE 3 / REG. N	10	5		3	0	7
	20 DATE OF DEATH	MONTH	DAY		YEAR	2b HO	UR
		05	20	)	87	10	35A
	6 AGE (IN YEARS LAST B	RTHDAY)	IF (	JNDE	RIYEAR	IF UNDE	R 24 HRS
	70	YRS	MÜN	กหร	DATS	HOURS	MIN.
	9 BALTIMORE CITY OF PRINCE GE	_		DE	ATH		MI
	120 USUAL OCCUPATION OF MOST Homemake		126. KIND OF BUSINESS OF				
?	13. STREET ADDRESS	/ 7IP COD	)F	20	074	3	

	CHEVEKLI	PRIN	CE GEORGE 3 HOS	TIAL CENTER	Homemarer		DAIL HOWE
	AL RESIDENCE (IF NURSITATE  Md.	13b COUNTY	13c. CITY OR TOWN  Cedar Hgts.	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZI	PCODE	20743 ee Dr.
0	THER'S NAME FIRST Francis	MIDDLE	Encela	Olliea			nown)
,	VAS DECEASED EVER VES. NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:		Edward You	ing-Same as		
-	PART I. DEATH W	H (Enter only one couse AS CAUSED BY IMMEDIATE CAUSE (o)	per line for 101, (b), and 101.	u tachyco	arclia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony,	which ( 1b	o, or as a consequence of Ischemi	à heart	cluèare		
	gave rise to imm cause (a), statin		OR AS A CONSEQUENCE OF	. D	. ~		

DIVORCED

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

attienosclevosce CERTIFICATION ERATION 200 AUTOPSY 206 IF YES, WERE FINDINGS USED failer IN CERTIFYING CAUSES OF DEATH? Reule renal ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 21 22a.l certify that (1) (this hospital) attended the deceased fram

sow the deceased alive an. and that in (my) (gur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATIL DEGREE

nu

ATTENDING

MEDICAL STAFF

PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

	RAVINDER K	. Kustagi	MD.PA	Cheverly	Md	20789
236	BURIAL CREMATION, REMOVAL	23b. DATE /	230 NAME OF CEM	METERY OR CREMATORY	23d. LOCATION	0

LANDOVER, P.G H. S. WASHINGTON + SONS 4925 BURROUGHS AVENE JUNC 24 FUNERAL DIRECTOR (VRA 15, 4)

DHMH - 16 60M 7/84

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avoca fire	THE PARTY	Edment Yo	numerial.	
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and Milatellian				

## STATE OF

5. DATE OF B MONTH 3

MARRIED

DEPARTMENT OF HEAD CERTIFICA

F MARYLAND TH AND MENTAL HYG ATE OF DEATH	IENE / REG.	NO.   5	3 Û	0
	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
una SR		5 11	87	10:001
IRTH	6 AGE (IN YEARS LAST			IF UNDER 24 HRS
19 07	80	YRS.		HOURS MIN.
1.151/55	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
NEVER MARRIED	9.G.			MD
THER INSTITUTION	120 USUAL OCCUP			BUSINESSOR
+ Assprial	RETIREC	ST OF WORKING LIFE)	WASA	Post
			(1	1/1/1/1
INSIDE CITY LIMITS?	1383 56	ERN VAM	St. 1	1.66.7
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1 .			APPROXIMA	ATE INTERVAL
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	YES NO	YES		NO []
. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2)	
LOCATION	CITY OR	IOWN	COUNTY	STATE
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at in (my) (aur) apinian d	eath accurred on the	date and haur o	ind from the ca	usesptated
REE	-		124 DAVE SI	GNID
ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF SICIAN [	3/11	187
	120	md K	110	
ADDRESS 5 80	500	) /	200	70010

FOR

REGISTRAR DECEASED NAME

BIRTHPLACE (STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

RGINIA

FATHER'S NAME

(YES NO OR UNKNOWN)

MO

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

90 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

saw the deceased al

Md. PHYSICIAN'S NAME (TYPE OF PRINT)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Sichar

4 RACE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)

Blac

76 CITIZEN OF WHAT COUNTRY?

M OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

NAME OF HOSPITAL, NURSING HOME OR C

WAShMANON

166 SOCIAL SECURITY NO

DRAS A CONSEQUENCE OF uncon

196 CONDITION FOR WHICH OPERATION W

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

- STATE

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE

22a.1 certify that (1) (this haspital) attended the deceased fram

230 MAME OF CEMETERY OR CREMATORY

23d. LOCATION

cui)

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 1 5 987

24 FUNERAL DIRECTOR 714 KENNELY St. N.W

216. TIME OF INJURY

21e PLACE OF INJURY

